Program Application Materials

All application materials should be forwarded to:

THE BORDER STUDIES PROGRAM
Earlham College
International Programs Office #202
Richmond, IN 47374
phone: 765-983-1424
fax: 765-983-1553
borders@earlham.edu
http://www.earlham.edu/~borders/

THE BORDER STUDIES PROGRAM application deadlines:
Fall and Spring: March 15
Late applications for Spring: October 15

Applications will be reviewed only if the application materials are complete.
A complete application includes:

1. The completed application form (attached).
2. Responses to the student essays (attached).
3. Sample of your writing in Spanish.
4. An Official transcript of all college work.
5. Completed reference forms from two faculty members (attached).
6. A Spanish language proficiency form (attached).

As part of the application process, there will be a Spanish language evaluation done on the phone, and a phone interview with the Resident Director.

As an applicant to this program, you should.....

*** plan carefully with your academic advisor to consider how this program fits with your academic and long range goals.

*** consult with the financial aid office to learn about the appropriate procedures on campus for processing aid on GLCA-recognized off-campus study programs.

*** take time to complete the application so that your essays are focused and well-written.

We look forward to receiving your application. If you have any questions, please contact THE BORDER STUDIES PROGRAM at Earlham College.
Please TYPE or PRINT your answers. Answer all questions as fully as possible. Once completed, materials should be forwarded to the Off-Campus Study Office on your campus or to the BORDER STUDIES PROGRAM at Earlham College.

THE BORDER STUDIES PROGRAM application deadline for Fall and Spring is March 15
Late applications for Spring will be accepted until October 15

Please indicate WHICH PROGRAM you are applying for:

☐ Fall   ☐ Spring

Personal Information

Full Legal Name

Preferred First Name (or nickname)

College

Social Security Number

College Address

phone

Home Address

phone

e-mail

Birthdate   /   / Birthplace City/State/Country Citizenship country

Major declared? yes no

Gender

Class standing as of program start date (Fall 2014 or Spring 2015) (So., Jr., Sr.,)

Passport #

Expiration Date Country of Issue
THE BORDER STUDIES PROGRAM

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ADDRESSES
Full Names, Addresses and Phone Numbers of Parent(s)/Guardian(s):

Parent/Guardian ___________________________________________ home phone: __________________________
address ___________________________________________ work phone: __________________________
_________________________________________ fax or e-mail: __________________________

Parent/Guardian ___________________________________________ home phone: __________________________
address ___________________________________________ work phone: __________________________
_________________________________________ fax or e-mail: __________________________

To which parent/guardian should program information be sent? ___________ or both __________________
Who should be contacted in case of emergency?: ____________________ relationship to you __________________
Name ___________________________ phone __________________________
Address ___________________________

REFERENCE INFORMATION

College Advisor ___________________________ Name ___________________________ Department ___________________________
Phone ___________________________ e-mail ___________________________

The following faculty members will provide a reference for me:

Name ___________________________ Phone ___________________________
Title and Dept. ___________________________ e-mail ___________________________

Name ___________________________ Phone ___________________________
Title and Dept. ___________________________ e-mail ___________________________

The following language professor will evaluate my Spanish language proficiency:

Name ___________________________ Phone ___________________________
Title and Dept. ___________________________ e-mail ___________________________

Have you previously applied to a GLCA-recognized program? _______ yes _______ no
If yes, which program and which year? ___________________________
Did you complete the program? _______ yes _______ no
May The BORDER STUDIES PROGRAM release your name and address to potential and actual participants? _______ yes _______ no
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STUDENT SIGNATURES

I, ________________________________, do hereby authorize THE BORDER STUDIES PROGRAM to forward any of my application materials to any educational institution or personnel who expect or require such information as part of the procedure for admittance or placement related to this program.

I hereby certify that the information that I have provided in this application is complete and accurate to the best of my knowledge as of this date.

I further understand that, if accepted, I will be required to submit a conditions and release form, a health form, a housing questionnaire, a field study preference form, and a résumé.

Signature __________________________________ Date ________________________________

TRANSCRIPT

My transcript was requested from the Registrar on ________/______/_______

Student Essays
THE BORDER STUDIES PROGRAM

Earlham College • International Programs • Richmond, Indiana 47374 • (765) 983-1424 • Fax: (765) 983-1553
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Participants on this program will be confronted with living situations, social conditions, language environments, and academic experiences that are new and challenging. Your thoughtful responses to the following questions will assist the selection committee to gain an understanding of what you would bring to the program that would help you adapt to these differences and help you learn from the experience.

Once completed, the essays should be forwarded to the Off-Campus Study Office on your campus or to THE BORDER STUDIES PROGRAM at Earlham College.

Please respond to these questions on a separate paper and attach to the application. Please type or computer print.

1. Explain why you want to be involved in learning environments on both sides of the US-Mexico border. Discuss your academic and personal goals and how they relate to aspects of the program. Please indicate any specific interests you have in the field study or independent research course.

2. What courses and/or experiences have prepared you for this program?

3. How do you describe yourself as a student? Please include your study habits, your initiative, your capacity for staying motivated, your capacity for independent research. Please give some illustrative examples.

4. What are the greatest challenges you expect to encounter during this program and how might you deal with them?

5. How much Spanish have you studied? What is the latest course you will have before participating on this program and when did you take it? How do you rate your Spanish language skills?

6. Please list your special interests such as organizations and/or activities (clubs, student government, service-learning, music, theater, etc.).

7. An important component of this program is living with a family that may be very different from your own. Please give five strategies that you might use to initiate and maintain relationships with the family with whom you are placed.

8. Please add any information that you think the selection committee should know about you. This may include special accomplishments or achievements or any special concerns you may have about areas such as diet, food, medical or environmental allergies, privacy, level of physical activity, and so on.
The Border Studies Program

Faculty Reference

STUDENTS: Please complete the top section of this form and give it to the faculty member who will write your reference.

Student Name
Institution of Student
Date Recommendation is Due
Name and Title of Reference
Classes taken with this faculty member
Date of class taken

I ________ waive ________ do not waive my right of access to review this confidential recommendation as provided in the Family Educational Rights and Privacy Act of 1974 as amended.

Signature of student __________________________ Date __________

REFERENCE: Please complete this reference on this page or attach a sheet of paper to this form.

Participation in the THE BORDER STUDIES PROGRAM on the Mexico/U.S. border will be a demanding experience. Students will be confronted with living situations, social conditions, language environments and academic experiences that will be new and challenging. They will be expected to carry out a field study or independent research project that will require initiative and independent work. At the same time, students will be asked to work in groups and with community organizations and projects. Your evaluation of this student will provide important information in the selection process. Please feel free to attach a separate letter.

1. Please rate the student on the following:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
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2. Please rate the student on the following aspects of an off-campus program based on what you know.

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3. What academic strengths and weaknesses have you observed in the student that might have an impact on the student’s ability to succeed or on the success of the off-campus program itself?

a) Strengths ____________________________________________________________

b) Weaknesses __________________________________________________________

4. What personal traits does the student possess that might have an impact on the student’s ability to succeed or on the success of the overall program?

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

5. Do you have any reservations about this student’s ability to participate fully on this program? Please comment.

_______________________________________________________________________

_______________________________________________________________________

Signature ___________________________ Date ______________

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Faculty Reference

STUDENTS: Please complete the top section of this form and give it to the faculty member who will write your reference.

Student Name ____________________________________________________________________________
Institution of Student ______________________________________________________________________
Date Recommendation is Due __________________________________________________________________
Name and Title of Reference ____________________________________________________________________
Classes taken with this faculty member ____________________________________________________________________
Date of class taken ____________________________________________________________________

I _______ waive _______ do not waive my right of access to review this confidential recommendation as provided in the Family Educational Rights and Privacy Act of 1974 as amended.

Signature of student __________________________________________________________________________ Date ____________

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   a) Strengths ________________________________________________________________

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   __________________________________________________________

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8. Do you have any reservations about this student’s ability to participate fully on this program? Please comment.

   __________________________________________________________

   __________________________________________________________

Signature ___________________________ Date ____________

This reference should be forwarded to the Off-Campus Study Office on your campus or to the THE BORDER STUDIES PROGRAM, International Programs Office #202, Earlham College, Richmond, IN 47374.
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borders@earlham.edu • http://www.earlham.edu/~borders/
Spanish Language Evaluation

STUDENTS: Please complete the top section of this form and give it to the faculty member who will write your evaluation.

Student Name ____________________________________________
Institution of Student ________________________________________
Date Recommendation is due __________________________________
Name and Title of Evaluator __________________________________
I _______ waive _______ do not waive my right of access to review this confidential recommendation as provided in the Family Educational Rights and Privacy Act of 1974 as amended.
Signature of student __________________________________________ Date ____________

++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++
EVALUATOR: Please complete this evaluation on this page or attach a sheet of paper to this form.

The selection committee for the THE BORDER STUDIES PROGRAM would appreciate your evaluation of the applicant’s Spanish language proficiency. The program requires a basic minimum of two semesters of Spanish or equivalent for participation. Students will use Spanish on a daily basis in living situations, in coursework, and in field study participation.

1. Please describe the applicant’s proficiency level (you may use ACTFL proficiency guidelines if you wish).

2. Could the applicant communicate about daily life with a Spanish speaking family?

3. Is the applicant ready to do field work in a Spanish speaking setting or agency? Please elaborate.

4. Is the applicant ready to participate and to succeed in a seminar course taught in Spanish?

Signature ____________________________________________ Date ________________

This reference should be forwarded to the Off-Campus Study Office on your campus or to the THE BORDERS STUDIES PROGRAM, Earlham College, International Programs Office #202, Richmond, IN 47374.