

BORDER STUDIES PROGRAM

Earlham College • Center for Global Education • Richmond, Indiana 47374 • (765) 983-1424 • Fax: (765) 983-1553
borders@earlham.edu • <http://www.earlham.edu/~borders/>

Program Application Materials

All application materials should be forwarded to:

THE BORDER STUDIES PROGRAM
Earlham College
Center for Global Education #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. An Official transcript of all college work.
4. Completed reference forms from two faculty members (attached).
5. 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 a member of the Border Studies faculty or staff.

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 this program.
- *** 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.

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Program Application Form

Please FILL IN your answers electronically. 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, Center for Global Education, Earlham College, 801 National Road Wes, Richmond IN 47374

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, Year _____

Spring, Year _____

Attach 1" x 1" photo
for International
Student ID Card (ISIC)

Personal Information

Full Legal Name _____

Preferred First Name (or nickname) _____

College _____

Social Security Number _____

College Address _____

phone _____

e-mail _____

Home Address _____

phone _____

e-mail _____

Birthdate _____ Birthplace _____ Citizenship _____
mo day yr City/State/Country country

Major _____ declared? yes no Gender _____

Class standing as of program start date _____ (So., Jr., Sr.)

Passport # _____ Expiration Date _____ Country of Issue _____

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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 waiver 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 ____/____/____

REQUIRED SIGNATURES

1. Your Academic Advisor Date
(I support this student's application to THE BORDER STUDIES PROGRAM)
2. Off-Campus Program Officer Date
(I support this student's application to THE BORDER STUDIES PROGRAM)

OR

3. Dean of Students Date

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Student Essays

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 word document and submit electronically with the application.

1. Please tell us about why you would like to participate in the Border Studies Program. What are your academic and personal goals for your semester with BSP?
2. What courses and/or experiences have prepared you for this program?
3. How do you describe yourself as a student? Please use illustrative examples to describe your study habits, initiative, capacity for staying motivated, and ability to cope with stressful situations.
4. What challenges (physically, emotionally, and intellectually) do you anticipate arising for you during your time with the program? What are some ways you can imagine coping with these challenges?
5. How much Spanish have you studied (including outside of a formal class setting)? 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. 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.
7. 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.

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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 _____

+++++
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.

- Please rate the student on the following:

	Excellent	Good	Average	Poor	No basis to respond
Comes prepared to class					
Engages in classroom discussions					
Attends class regularly and on time					
Works independently					
Works well in a group					
Takes initiative					
Copes with ambiguity					
Respects opinion of others					

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2. Please rate the student on the following aspects of an off-campus program based on what you know.

	Excellent	Good	Average	Poor	No basis to respond
Ability to interact with people from diverse cultural backgrounds					
Ability to live with a host family					
Ability to contribute to a group experience					
Ability to accept academic challenges					
Ability to work in a professional Setting					
Ability to adjust to a new and challenging situation					

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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 Name and Title of Reference _____
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Signature of student _____ Date _____

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Engages in classroom discussions					
Attends class regularly and on time					
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Respects opinion of others					

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Ability to live with a host family					
Ability to contribute to a group experience					
Ability to accept academic challenges					
Ability to work in a professional Setting					
Ability to adjust to a new and challenging situation					

6. 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 _____

7. 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?

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

Signature _____ Date _____

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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 _____

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