



THE 38TH ANNUAL WHITNEY M. YOUNG, JR. MEMORIAL CONFERENCE

**LEADERSHIP WITHOUT BORDERS:
CREATING OPPORTUNITY THROUGH
KNOWLEDGE AND INNOVATION**

December 2nd – 3rd, 2011 | Loews Hotel – Philadelphia

Future Leaders Scholarship

The WMY conference, which celebrates the legacy of author, humanitarian, educator and civil rights activist Whitney M. Young, Jr., is Wharton's longest running student-led conference. Each year, the conference brings together a set of the most respected business leaders from across the country to honor the contributions of Whitney M. Young and to further his legacy. The conference also commemorates Whitney M. Young's legacy through the **Future Leaders Scholarship**, which will be used to sponsor students to participate in global immersion programs through the Experiment in International Living (EIL). Since 1932, EIL has been giving high school students the unique opportunity to enrich themselves and the world around them by offering three-, four-, and five-week programs during the summer in 30 countries around the world. The programs are authentic journeys that allow students to experience another culture in a very powerful way and to enjoy a summer that they'll remember for a lifetime.

About Whitney M. Young Jr.

An educator, humanitarian, author and civil rights leader, Whitney M. Young, Jr. dedicated his life to the full participation of African-Americans in the nation's economic and political systems. For more than two decades, he led the National Urban League in its effort to improve the economic status of African-Americans. Young accomplished this by working within the economic and political systems to achieve equal opportunities. Mr. Young firmly believed that full participation of African-Americans in the American business community would ultimately strengthen the fiber of our society. His vision transcended the boundaries of our nation, as he foresaw the need to strengthen the critical link between the United States and the global economy. This scholarship is to commemorate Whitney M. Young's commitment to the African-American community by awarding students who demonstrate similar goals for building our community through hard work and leadership.

Eligibility Requirements

Applicants must be African-American or Black. Students also must be current high school juniors at the time of their application to be considered.

Application Deadline

All applications must be submitted to wmy@wharton.upenn.edu by **Friday, November 7, 2011 at 11:59 pm**. Applications which are mailed in must be postmarked by **November 7, 2011** and sent to the address below:

African American MBA Association (AAMBAA)

C/o Michelle Gittens

2101 Chestnut Street #1120

Philadelphia, PA 19103

Late submissions will not be considered. All applications must be accessed through the 38th Annual Whitney M. Young Jr. website (<http://www.wmyconference.com/scholarship.php>)

Interview Dates

The scholarship committee will make plans to meet with qualified candidates the week of **November 14th – 20th, 2011**.

Outbound Ambassador 2012

The Experiment in International Living

a program of World Learning



Introduction and Instructions

This booklet is your application for the Outbound Ambassador Program.
Here is what you must do before we can reach a decision on your application.

Complete the enclosed application forms:

- Personal Information and 3 Short Essays
- Applicant Profile
- Medical Form (*signed*)
- Conditions of Participation (*signed*)
- International Travel Authorization and Passport and Visa Documentation
(*including a photocopy of your passport*)
- Two identical official passport photographs (*not school photos*).
These will be used to replace your passport if necessary while you are abroad.
Print your name on the back.
- Teacher Reference
- A "Dear Family" Letter
(*Use the instructions to assist you in preparing this important letter.*)
- Two casual photographs to send to your host family.
Print your name on the back and indicate which person in the photograph is you.

Please note: *Every year, time is lost because incomplete applications are received. Please be certain that these forms are completely filled out and that every form is properly signed. We cannot reach a decision about your application until we have received all of the materials listed above.*

Please make copies of all application pieces for your records.

It is the policy of World Learning to provide equal employment and educational opportunities for all persons regardless of age, ethnic origin, gender, nationality, physical or learning ability, race, religion, sexual orientation, gender identity, protected veteran's status, or any other legally protected condition.

Personal Information and Essays 2012

The Experiment in International Living

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STUDENT INFORMATION

Name *(legal name as it appears or will appear on passport)*

_____ male female
last first middle initial nickname

Permanent address _____

_____ city state zip code

Permanent telephone (_____) _____ Cell (_____) _____

Social Security Number _____ Country of citizenship USA Other _____

Date of birth _____ month/day/year Age _____ Active Email _____
(PLEASE PRINT CLEARLY must be good through October)

Current School _____ Graduation Year _____

School address _____
street city state zip code

Do you live at school? no yes After June 1, all mail will be sent to your home address.

PROGRAM OF CHOICE IN ORDER OF PREFERENCE

Country	Program Code	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

FAMILY INFORMATION

Mother's or guardian's name (Mrs. Ms. Dr. Other) _____
last first middle

Permanent address _____ Home phone (_____) _____

_____ city state zip code Cell phone (_____) _____

Email _____ Work phone (_____) _____

Father's or guardian's name (Mr. Dr. Other) _____
last first middle

Permanent address _____ Home phone (_____) _____

_____ city state zip code Cell phone (_____) _____

Email _____ Work phone (_____) _____

Mail will be sent to the student's address. If you have other mailing instructions, please call us.

AFFILIATION WITH THE OUTBOUND AMBASSADOR PROGRAM

How did you hear about The Experiment in International Living and the Outbound Ambassador Program? _____

Nominating School or Mentoring Organization _____

CONTACT INFORMATION FOR TEACHER OR MENTOR WHO NOMINATED YOU

Name: _____

Phone: _____

Email: _____

APPLICATION ESSAY

On a separate piece of paper, please respond to the following essay questions. Please limit responses to 250 words.

(*Required) Whitney M. Young Jr. was a civil rights leader, humanitarian, and educator that fought for economic and political inclusion for African Americans as the Executive Director of the National Urban League. What are the biggest challenges African Americans in your generation face today? What do you think the solutions are to those challenges? And how do you plan to make a difference?

In addition, please respond to two of the following essay questions.

1. What person or persons in your life inspire(s) you and how are you inspired?
2. Describe two creative activities that could help make your community a better place.
3. There is a saying, "Be the change you want to see in the world." What is the change you want to see?
4. Describe an ethical or cross-cultural conflict you have experienced and describe how you resolved the situation.

Applicant Profile 2012

The Experiment in International Living

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To be completed by the applicant. This information will be photocopied and sent to the community representative in your host country for homestay placement.

(Please print clearly with a black-ink pen.)

Name *(as it appears or will appear on passport)*

last

first

middle

nickname

Please answer the following questions in the spaces provided below.

Why do you want to participate on The Experiment? What will you contribute to the program?

Describe the most interesting class you have taken. _____

Please list the clubs, organizations, sports, leisure activities, and community service you are involved in. _____

Have you traveled or lived away from home? If yes, where? _____

Applicant Information

(continued)

Do you have any allergies to medications, food, animals, or pollen? no yes

If yes, please elaborate. _____

If you are allergic to animals, could you live with a family if the pet is kept out of your room? no yes

Do you have any dietary restrictions due to food allergies, medications, religious beliefs, or personal beliefs? If yes, please elaborate. _____ no yes

If vegetarian, would you be willing to eat meat/poultry/fish while in the homestay? no yes

Language(s) other than English spoken at home or studied at school

Language _____ Years studied _____

Language _____ Years studied _____

Family and Community Information

Mother's or guardian's occupation and place of employment _____

Mother's or guardian's interests _____

Father's or guardian's occupation and place of employment _____

Father's or guardian's interests _____

Names (and ages) of brothers and sisters _____

Do you have any pets and what type? _____

Describe your hometown _____

Dear Physician: It is of crucial importance that you give us your careful, candid, and complete evaluation of this applicant's health. The Experiment program involves a challenging exercise in cross-cultural adjustment that includes a period of living as an active, contributing member of a family abroad, plus several days to two weeks of travel. This applicant will be part of a group of 10 to 20 young people and an adult group leader. To succeed, this applicant must have a high degree of motivation and the ability to adjust to people of different social and cultural backgrounds—sometimes under difficult circumstances. Because of this, sound health is an important asset for the participant. (Health issues do not necessarily preclude acceptance.) This is a brief summary of the program and is not designed to be all-inclusive. Incomplete reports cannot be accepted and will be returned. Reports must be submitted on this form.

Applicant name _____ Date of exam _____
(After June 1, 2011)

Information Required for Acceptance

TB (*tuberculosis*) current test (*must be since June 1, 2011*) date _____ Result: negative positive
 If your TB test is positive, current chest x-ray results are required (*since June 2011*) _____

1. Is this applicant seriously underweight or overweight? yes no
2. Has this applicant ever had any dietary restrictions or eating disorders, such as anorexia or bulimia? yes no
3. Does this applicant have any allergies (including allergies to vaccines, medications, plants, foods, animals)? yes no
 If yes, please explain. _____
4. If this applicant has allergies, is there a history of asthma, anaphylaxis, or other dangerous allergic conditions? yes no
5. Is this applicant currently under medical or psychological treatment? yes no
6. Does this applicant have any speech, hearing, eyesight, or physical (*e.g., wheelchair, leg braces*) impairment? yes no
7. Is there any history of behavior disorders or emotional disturbances, such as difficulties in relationship with authority figures or peers, or abnormally severe mood swings? yes no
8. Is there any congenital malformation or chronic condition now existing that may require additional treatment? yes no
9. Would carrying his or her own luggage, or strenuous travel, cause the applicant hardship? yes no
10. Does this applicant have any condition or problem that could limit his or her participation, for any length of time, in an active program, or any problems that might require restrictions or limitations on activities? yes no

If you answered "yes" to any of the above 10 questions, the attached Secondary Medical Review Form is required.

IMMUNIZATION RECORD: Please attach a history of the immunizations/vaccinations received during the applicant's lifetime.

For what issues and situations have you seen the applicant in your office during the past five years? (Please give dates.) Please list any medication this student is currently taking.

Height _____ Urine: Sugar _____ Protein _____ Blood pressure _____ Pulse _____ Weight _____
 Eyes: Are glasses worn? _____ Are contacts worn? _____ Ears: Is hearing normal? _____ Are drums intact? _____

Are there any abnormalities of the following systems?

- | | | | |
|--|---|---|---|
| Yes No | Yes No | Yes No | Yes No |
| <input type="checkbox"/> <input type="checkbox"/> Nose and throat | <input type="checkbox"/> <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> <input type="checkbox"/> Heart murmur | <input type="checkbox"/> <input type="checkbox"/> Lungs |
| <input type="checkbox"/> <input type="checkbox"/> Chest | <input type="checkbox"/> <input type="checkbox"/> (frequent backaches?) | <input type="checkbox"/> <input type="checkbox"/> Abdomen (scars, masses, hernia, etc.) | <input type="checkbox"/> <input type="checkbox"/> Teeth |
| <input type="checkbox"/> <input type="checkbox"/> Neck (thyroid, enlarged nodes, etc.) | <input type="checkbox"/> <input type="checkbox"/> Skin (acne, etc.) | <input type="checkbox"/> <input type="checkbox"/> Neurological problems | <input type="checkbox"/> <input type="checkbox"/> Gums |
| | <input type="checkbox"/> <input type="checkbox"/> Tonsils | | <input type="checkbox"/> <input type="checkbox"/> Heart |

Women: Breast exam* _____ Pelvic exam* _____ Pap smear* _____
 Menarche _____ Dysmenorrhea _____ Medication(s) _____

*Optional

BY SIGNING THIS FORM, I agree that the applicant is healthy enough to participate in a summer abroad program.

Physician's signature _____ Date _____
 Physician's name _____ Telephone _____
area code
 Physician's address _____

_____ city state zip code

Secondary Medical Review Form 2012

The Experiment in International Living

a program of World Learning



Name of Applicant _____

Program Choices _____

To the Examining Physician or Health Care Professional:

This form is required if your patient has been in treatment or counseling for a significant issue or condition within the last five (5) years; or if you answered "yes" to any of the 10 questions on the reverse side of the Medical Form and the facts or circumstances could materially impact the applicant's successful participation on a challenging Experiment program. A form must be completed for each condition.

World Learning and The Experiment in International Living offer programs in all parts of the world, including countries in Africa, The Americas, Asia/Oceania, and Europe. The type of program can vary—some feature challenging community service and rigorous outdoor adventure components. All participants will be fully active in the culture and will live with a host family for a period of time in varying conditions and proximity to Western-style health facilities and psychological services.

For these reasons, you are asked to carefully consider the applicant's general fitness and physical and mental health in relation to the country, type of program, and conditions in which the applicant will be living. Should you have questions, please call us at 800 345 2929, between 8:30am and 4:30pm Eastern time.

Please review the applicant's history and complete this form. Also, please comment specifically on any/each of the positively answered 10 questions found on the back of the primary Medical Form and provide any additional information that could be useful in the event of treatment by a doctor or other medical facility abroad. This information is strictly for the use of World Learning's Health Center and will be carried by an adult group leader during the program and will not be released without the applicant's consent.

If there are multiple conditions (example: asthma and counseling) indicated on the Medical Form and multiple physicians, each condition must be "Reviewed" individually by the appropriate physician—please make copies of this form as necessary.

To complete this process, your Medical Form and Secondary Medical Review Form will be reviewed by a physician at the World Learning Health Center.

1. Describe, in as much detail as possible, the relevant health condition(s). *(For allergies, please indicate what this applicant is allergic to, how he or she reacts to it, and any medications which should be used by applicant overseas.)*

2. When did the applicant suffer from this condition, how did it occur, and when was the applicant diagnosed? *(Give specific dates.)*

3. How was this condition treated and for how long? (Give specific dates, medications, etc.)

4. Are there currently any problems or issues of concern regarding this condition, and if so, how will they be dealt with overseas?

5. What is the prescribed plan in the event that this health condition becomes an acute/emergency situation overseas?

6. What are the limitations, if any, on this applicant's participation in an extremely emotional and physically rigorous overseas program?

MEDICAL PROFESSIONAL'S AUTHORIZATION

I _____ consider that _____
name of physician name of applicant
is fit to participate in _____ during the summer of 2012
country

and will send the applicant with any medical records or prescriptions needed for possible treatment by a physician or medical facility abroad. Having recieved permission from the applicant, I am willing to further discuss problems pertaining to this issue with the professional staff of the Health Center at World Learning.

signature of medical professional

date (month/day/year)

Mailing address _____

city

state

zip code

Telephone _____
area code

Conditions of Participation 2012

The Experiment in International Living

a program of World Learning



We, the undersigned, have agreed that the participant set forth below ("Participant") shall participate in The Experiment in International Living program identified below ("Program") offered by World Learning Inc. ("World Learning"). In consideration of World Learning's agreement to permit the Participant to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, we hereby agree to the following Conditions of Participation ("Conditions"):

SERVICES

Program fees cover all scheduled program expenses from the designated Program starting time until the stated conclusion of the Program as follows: (a) international transportation (except for programs to Mexico and Navajo Nation); (b) travel costs during the Program (except as otherwise noted below); (c) food and lodging; (d) incidental expenses, such as entrance fees for a limited number of scheduled group activities; (e) orientation and, if applicable, other thematic components; (f) costs related to the group leader; (g) health and accident insurance; (h) administrative costs; and (i) baggage insurance.

Program fees do not cover other Participant expenses including (but not limited to): (a) domestic transportation to the designated Program starting place and from the stated Program ending place; (b) food and lodging prior to the designated Program starting time or after the stated conclusion of the Program; (c) any additional costs for alternate transportation requested by the Participant that differs from that scheduled by World Learning as an element of the Program; (d) any additional transportation costs involved in traveling to or returning from any optional travel/activities; (e) fees for passports; (f) any required or recommended immunizations; and (g) expenses involving tips, laundry, telephone calls, postage, gifts, and beverages not a customary part of meals.

Fees, itineraries, sample host communities, and sample activities published in our catalog, on our Web site, and on all informational materials are based on our best information at the time of publication. As The Experiment in International Living is always looking to improve the quality and safety of programs and to take advantage of new opportunities, this information is subject to change.

DISMISSAL

World Learning reserves the right to dismiss from any Program any Participant whose conduct in World Learning's sole discretion (including but not limited to the use of drugs, unacceptable sexual behavior, or inappropriate consumption of alcohol): (a) may be considered improper or offensive to the host family or host community; (b) may be detrimental to the physical or mental health or safety of the Participant or other member(s) of the Program; or (c) which demonstrates that the individual may not be capable, or is unwilling, to participate fully in a cross-cultural environment.

A Participant who leaves the scheduled Program at any time without express written permission from the director of summer abroad programs in the USA and the national director of the host country may not return to the Program and shall be automatically dismissed.

Because of the possible danger involved, driving motor or motorized vehicles, riding in noncommercial airplanes or any type of aircraft, hitchhiking, bungee jumping, scuba diving, and any other activity designated by World Learning as dangerous while participating in a Program is prohibited, and Participants will be dismissed for such actions.

TRAVEL ARRANGEMENTS

Participants are expected to use the transportation provided by World Learning between the ports of departure and return. No independent travel during the Program is permitted without the express consent of World Learning and, if the Participant is under 18, the written consent of his or her parents or guardian. In signing this form, the Participant

and parents agree not to arrange or encourage personal travel abroad for any purpose not related to the Program, nor to arrange or encourage visits to the Participant by family or friends, without express written permission of World Learning. Travel expenses arising from premature return home from abroad, either alone or accompanied, must be borne by the Participant.

AIR TRANSPORTATION

World Learning arranges scheduled air transportation through designated airlines or travel agents and has designated or will designate the times and ports of departure for all group transportation. World Learning, the agents selected by it, and the airlines reserve the right to cancel the air transportation arrangement or change dates, times, prices, and itinerary, and to make aircraft substitutions. In the event changes or substitutions are made by World Learning, its agents, or the airlines at any time prior to the Program date, World Learning will not be responsible for the cost of domestic airline tickets purchased on the basis of previously published international transportation information.

Each Participant is solely responsible for any missed connections due to his or her failure to assemble in a timely manner, and World Learning will be in no way liable for the cost of alternate transportation or for any consequential losses resulting from the Participant's failure to use designated transportation.

IDENTIFICATION

All Participants must be prepared to present some form of numbered positive identification that matches the name on the passenger manifest when boarding the aircraft. A passport or travel identity document must be shown for international travel. For domestic travel, a Social Security card, driver's license, or other identification may be used.

FAMILY PLACEMENTS

World Learning's overseas programs seek to foster increased cross-cultural understanding in Participants by immersing them in cultures different from their own. World Learning homestays are based on daily life in a family and community. Participants are expected to assume roles as family members, respecting and following host family rules as well as World Learning rules, and obeying all applicable community, local, state, and national laws and regulations. World Learning reserves the sole right to make host family placements. Placements are not restricted based on any local characteristics, such as regional accents or dialects, ethnic character of the community, types of industry, economy, or climate, etc.

INSURANCE

For the duration of its programs, World Learning automatically provides Participants with illness and accident insurance. Details of this coverage are specified in our illness and accident policy, which all Participants (and where appropriate, their parents or guardian) should read carefully. This insurance should be considered as supplemental secondary coverage to the Participant's own personal insurance. World Learning strongly advises Participants and their parents to consult their own advisors regarding health insurance coverage for the duration of Participant's Program.

PUBLICITY

I understand that future World Learning publicity materials, including but not limited to its Web site, may include statements made by Participants and their parents, and/or Participants' photographs, film or video images and voices, and I consent to World Learning's free and perpetual use of any statements, photographs, likenesses, film and video images and voices in any medium, including those that World Learning obtains from any Participant, parent or other source.

PAYMENTS

The application fee of \$400 is waived for all Outbound Ambassador applicants. Note: Outbound Ambassador applicants who have been offered and have accepted financial awards from World Learning, and who subsequently decide not to participate, will pay penalties determined as follows:

Written withdrawal notice <i>(received in Vermont)</i>	Cancellation fee
Before May 1	NO penalty
Between May 1 and May 15	\$300
Between May 15 and May 30	40% of program fee
After May 30	World Learning reserves the sole right to determine cancellation fee.

In bona fide cases of emergency or illness, refunds may be paid to Participants who leave a Program once it has begun; such refunds may depend on recoverable funds. In the event of dismissal from a Program for reasons outlined in these Conditions, World Learning will be the sole determiner of the refund, if any, to be made. All refund determinations will be made after the conclusion of the Program.

HEALTH GUIDELINES; TRAVEL ADVISORY; COMPLIANCE

Participants and their parents should review carefully (a) the applicable Health Guidelines for Participant's Program (the "Health Guidelines") and (b) the U.S. State Department Consular Information concerning travel to, in and around Participant's Program country (the "Travel Advisory"), found at http://travel.state.gov/travel_warnings.html. In signing this form, the Participant and his or her parents/guardians agree that they have read and understood the Health Guidelines and the Travel Advisory and that Participant and his or her parents/guardians are responsible for complying with any recommended or required immunizations, precautions, and procedures set forth in the Health Guidelines and the Travel Advisory. In addition, Participant and his or her parents/guardians agree to comply with these Conditions and with the policies and procedures of the Experiment in International Living or World Learning as communicated to Participant from time to time.

ASSUMPTION OF RISK

Participant and Participant's parents/guardians, understand that Participant's participation in the Program is wholly voluntary. Although World Learning has made every reasonable effort to assure students' health and safety while participating in the Program, there are unavoidable risks in travel overseas, including, but not limited to (a) those identified in the Health Guidelines, the Travel Advisory and these Conditions, and (b) those associated with strikes, civil unrest, terrorism, military or para-military action, war, criminal activity and violence, force majeure, weather conditions, public health risks, acts of God, and other possibly dangerous conditions beyond the control of World Learning. In signing this form, the Participant and his or her parents/guardians acknowledge that they are aware of and understand the risks and dangers of travel to, in and around Participant's Program country, and international travel generally, including the dangers to Participant's health and personal safety posed by the risks described in (a) and (b) above. Participant and his or her parents/guardians hereby assume, knowingly and voluntarily, each of the risks described in (a) and (b) above and all of the other risks that could arise out of or occur during the Program and Participant's travel to, from, in or around Participant's Program country.

RELEASE AND INDEMNIFICATION

In signing this form, the Participant and his or her parents/guardians, individually and on behalf of their heirs, successors, assigns and personal representatives, hereby release and forever discharge World Learning, its employees, agents, officers, trustees and representatives (in their official and individual capacities) (the "WL Representatives") from any and all liability whatsoever for any and all

damages, losses or injuries (including death) Participant sustains to Participant's person or property or both ("Losses"), including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney's fees and costs, which arise out of, result from, occur during or are connected in any manner with Participant's participation in the Program, any related or independent travel, any activities or excursions, irrespective of whether they are sponsored, supervised or controlled by World Learning, except for such Losses as may be caused by the gross negligence or willful misconduct of the WL Representatives. Participant and his or her parents/guardians also agree to indemnify and hold harmless the WL Representatives from and against any Losses.

PERMISSION FOR EMERGENCY TREATMENT

On rare occasions, a medical emergency arises when World Learning is unable to communicate with parents/guardians. Hospital treatment and/or surgery may be required. In most cases, administration of an anesthetic, treatment of an injury, or operation upon an individual cannot be performed without the consent of the patient or, in the case of a minor, without the consent of the parent or guardian. To avoid delaying any procedure necessary to safeguard the health of Participant, we hereby grant permission to World Learning to authorize medical treatment; administration of antibiotics, immunizations, anesthesia, and other medications; transfusions of blood products; and hospitalization and provision of medical treatment for Participant. We further agree to indemnify and hold harmless the World Learning Representatives from and against Losses relating to any and all emergency treatment of Participant.

HEALTH CLEARANCE

Participation is contingent upon the World Learning Health Center's review of Participant's completed medical forms. Failure to disclose complete and accurate information on the medical form can result in dismissal from the program. World Learning normally requires that all students participating in Experiment in International Living programs show medical and psychological stability, as determined by World Learning, for no less than six months prior to the group's departure date.

GENERAL

These Conditions represent the complete understanding with World Learning concerning World Learning's responsibility and liability for Participant's participation in the Program. Should any provision or aspect of these Conditions be found unenforceable, all remaining provisions of the Conditions will remain in full force and effect. These conditions may be executed in two or more counterparts, each of which shall be an original and all of which together shall constitute one and the same instrument. Should there be any dispute concerning Participant's participation in the Program that would require the adjudication of a court of law, such dispute or lawsuit must be filed only in a court in Windham County, Vermont or in the United States District Court for the District of Vermont, to the exclusion of any other court or jurisdiction. These Conditions shall be governed by the laws of the State of Vermont (without regard to its conflicts of laws rules). These Conditions supersede any previous or contemporaneous understandings with World Learning, whether written or oral, and cannot be changed or amended except in writing and signed by an authorized officer or agent of World Learning. Handwritten notes or changes to this document will have no legal effect or force.

We have shared the above information with those other parties responsible for payment or with related interest and understand that, before signing these Conditions, we have the right to consult with the advisor, counselor, or attorney of our choice.

My signature below indicates that I agree to all of the above terms and conditions of participation for any World Learning Experiment in International Living program in which I (or my child) participate(s).

Participant's Name *(Please Print)*: _____

Participant's Signature: _____ Date: _____

Parent's or Guardian's Name *(Please Print)*: _____

Parent's or Guardian's Signature: _____ Date: _____

Please make a copy of this Agreement and keep with your records

International Travel Authorization 2012

The Experiment in International Living

a program of World Learning



office use only

Name *(legal name as it appears or will appear on passport)*

last

first

middle

Outbound Ambassadors must use the transportation provided by The Experiment between the ports of departure and return.

Please note: There is no group flight for the Mexico or Navajo Nation programs. Students will arrange their own flights to Mexico City or Albuquerque, NM.

Signatures

I have read and understand the above information.

Name of applicant *(Please print.)* _____

Signature of applicant _____

Date _____

Signature of custodial parent, legal guardian _____

(if applicant is under 18)

Date _____

Special Note to Non-US Citizens

- You are responsible for making sure that your immigration documents are in order for international travel.
- These may include: a US alien registration card, a valid passport, a visa for the country(ies) you would be visiting, and a US reentry permit.
- Consult the US Immigration and Naturalization Service office in your area, and the Embassy or Consulate of the country you will visit as soon as possible. Some documents can take as long as three months to obtain.

Please contact us at (800) 345-2929 with questions related to your visa.

Please print your full name as it appears on your immigration documents.

Name _____
last first middle

Alien Registration card number _____

I applied for my visa to _____ on _____ at _____
country month/day/year city

Passport and Visa Documentation 2012

The Experiment in International Living

a program of World Learning



IMPORTANT NOTE: Experiment participants must travel with a passport valid through February 2013. If your passport expires before this date, please apply immediately.

Participants Who Already Have Passports

Passport number _____ Expiration date _____
month/day/year

Issued at _____
city country

Date of issue _____
month/day/year

Attach a photocopy of the first page of your passport. Passport must be signed and valid six months beyond your program's scheduled return date.

Participants Who Need Passports

I applied for or renewed my passport on _____ at _____
month/day/year city

Apply for your passport as soon as possible through a major post office or passport office. If you do apply late, "expedite" the process (*there is an additional charge*). As soon as you receive your passport, be sure to sign it immediately, and send us a photocopy of the information page (*photo and signature*).

Two (2) Additional Official Passport Photos Are Required.

Two official US passport photos are required for acceptance. Your group leader will carry these photos during the program. If you lose your passport while abroad, these photos are needed to apply for a replacement passport. Please note that these two photos are in addition to those you will use when applying for your original passport and/or visa, if applicable. Please print your name on the back of each photo.



Teacher Reference 2012



For the Applicant

In the blanks below, fill in and sign your name. Give this form to a teacher and ask him or her to fill it out completely. Please ask the reference to seal this completed form in an envelope and sign his or her name across the seal before returning it to you.

Confidentiality Statement

We, the undersigned, understand that students over the age of 18, or their parents/guardians if the student has not yet attained the age of 18 years, have the right under section 438 of the General Education Provisions Act (*Public Law 90-247*) to review the student's confidential file prepared by World Learning as part of its admissions process.

We further understand that under section 99:6 of the same law, such rights of access may be waived by the student or his or her parents/guardians. We understand finally that confidential recommendations are not required in the admissions process.

(Please check one.) We, the undersigned, therefore waive do not waive any rights we have to examine this recommendation submitted in connection with the student's application for admission to World Learning.

Applicant name *(please print)* _____

Applicant signature _____ Date _____

Parent/guardian signature _____ Date _____
(if applicant is under 18)

Name of High School _____

For the Teacher

Our program features a unique educational experience abroad. This applicant will be involved in a challenging exercise in cross-cultural adjustment that includes an extended period of living as a member of a host family abroad. Not everyone is equipped to enjoy, profit from, or even cope with this experience. To succeed, the applicant must have a high degree of motivation and the ability to adjust to people of different social and cultural backgrounds — sometimes under difficult emotional and physical conditions. We cannot overemphasize, therefore, the value of your candid appraisal in enabling us to determine whether the applicant is ready for this kind of program.

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>	<i>Unknown</i>
1. Consideration for, and interest in, others and their views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Common sense and good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to take direction cheerfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to adjust to, and cope with, new situations <i>(food, discomforts, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Intellectual curiosity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to express himself or herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Participation in community and extracurricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ability to follow through with projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“Dear Family” Letter and Photos 2012

The Experiment in International Living

a program of World Learning



Since 1932, the homestay has been a cornerstone of The Experiment's philosophy that we can best learn the culture and language of another country by living as a member of one of its families. The "Dear Family" letter is an important first step in establishing a connection with your "new" family, as it provides your host family with information about you. The host family attaches great importance to these letters. They are as curious and anxious about you as you are about them. Your “Dear Family” letter and recent casual photographs will be given to your host family in your homestay community.

Please type your letter if your handwriting is not perfectly legible and sign your name. If there is a language requirement for your program, please write the letter in the language of your hosts. Do not worry if your letter contains some mistakes; your host family will be delighted to hear from you and will appreciate the effort to write in their language. Please do not have your teacher make corrections which would then make your family believe you are fluent. Letters should reflect your own speaking ability.

Letters should be written in Spanish for: *Argentina, Chile, Costa Rica, Ecuador, Mexico, Peru, and Spain.*

Letters should be written in French for: *France and Switzerland.*

Suggestions:

- Please begin your letter with a direct "thank you" for the opportunity to live with your host family.
- Imagine if you were about to host a visitor from another country in your home. What would you like to know about that person? What type of information would best describe or introduce that person to you? Consider writing about your family (parent occupation, siblings, pets), your hobbies, your interests and activities. Be straightforward.
- Share your excitement about visiting that community and learning about the local culture. Be inquisitive.
- Thank them once again for their hospitality and mention your eagerness to meet them.
- Be sure to sign your name legibly (or type it below your signature).

Include two (2) current casual photos of yourself with your family and friends.



Please be sure to print your name on the back of each photograph. If there is more than one person in the photograph, please describe which person is you. Color photocopies are acceptable. Be sure that you appear in these photos.



Immunization and Health Recommendations

Although most countries do not require immunizations for travelers to and from the United States, World Learning strongly supports the recommendations of the U.S. Department of Health and Human Services Centers for Disease Control, which are designed to protect you from diseases that may be prevalent in the countries listed below. *Please review these recommendations with your physician during your required medical appointment.*

For All Countries

For your own protection, we require that you update your standard baseline inoculations for diseases such as diphtheria, tetanus, polio, MMR (measles, mumps, rubella), and tuberculosis. We also recommend that you get a two-shot series of Hepatitis-A vaccine beginning at least six weeks prior to departure.

AIDS has been reported in more than 100 nations, but adequate surveillance systems are lacking in many countries. Because AIDS is globally distributed, the risk to international travelers is determined less by their geographical destination than by their individual behavior. Travelers are at increased risk if they: have sexual intercourse (homosexual or heterosexual) with an infected person; use or allow the use of contaminated, unsterilized syringes or needles for any injections (*e.g., illicit drugs, tattooing, ear-piercing, acupuncture, or medical/dental procedures*); or use infected blood, blood components, or clotting factor concentrates. (*This would be an extremely rare occurrence in those countries or cities where donated blood/plasma is screened for the HIV—human immunodeficiency virus—antibody.*)

While World Learning cannot guarantee safe blood supplies in all of the countries in which World Learning programs take place, we will, where authoritative information exists, make every effort to locate safe blood supplies or blood testing capabilities within these countries to be prepared for emergency treatment situations.

Additional Recommendations for Certain Countries

For participants to the following countries, World Learning strongly recommends that you obtain the listed immunizations or preventative medications after consulting your physician. The following is a preliminary list to be read in conjunction with the full health guidelines that will be sent to you.

Country	Hepatitis		Typhoid	Malaria	Malaria	Malaria
	A	Yellow Fever		Mefloquine Resistant	Chloroquine Resistant	Chloroquine Non-Resistant
Argentina	■	■	■			■
Belize	■		■			■
Botswana	■		■		■	
Chile	■		■			
China (north/east)	■		■			■
China (south/west)	■		■		■	
Costa Rica	■		■			■
Ecuador	■	■	■		■	
Ghana	■	■	■		■	
Korea	■		■			■
Mexico	■		■			■
Mongolia	■		■			
Morocco	■		■			
Peru	■	■	■		■	
South Africa	■		■		■	
Tanzania	■	■	■		■	
Thailand	■		■		■	
Turkey	■		■			

WHO Card

If you are going to one of the countries listed above, it is a good idea to have your immunizations recorded by the administering physician at the time you receive them on a World Health Organization (WHO) card, which we will send you.