



BorderLinks Semester on the Border Application

We would like to thank you for your interest in the Semester on the Border program. Please fill out the following application and submit it along with two letters of recommendations, to:

Amara Lauren
Semester on the Border
BorderLinks
620 S. 6th Ave
Tucson, AZ 85701

We would prefer recommendations from professors, mentors or work colleagues. We do not have a specific form but would like letters that identifies the context in which the person has known you, for how long, and why they think you are suitable for the BorderLinks Semester program. Please ask that they return recommendations to you in a sealed envelope with their signature across the flap.

Send your application and recommendations together in one packet. Thank you.

Personal Information:

Name:

_____ (first) (middle) (last) _____ (Nickname)

Permanent Address:

_____ (street)

_____ (city) (state) (zip) (country)

Telephone number: _____

e-mail address: _____

During which dates should this address be used: _____

Current Address:

_____ (street)

_____ (city) (state) (zip) (country)

Telephone number: _____ Cell number: _____

During which dates should this address be used: _____

Date of Birth: _____
(month) (day) (year)

Citizenship: _____

Are you a current student: _____

If so, what university or college are you enrolled in: _____

What year are you in: _____

Which semester are you applying for: _____

If the semester you are applying for is full, would you be willing to come another semester?

Y/N _____

Emergency Information

In case of emergency, please notify:

Name: _____

Relationship: _____

Telephone: (w) _____ (h) _____

Registration fee: There is a \$300 non-refundable registration fee.* Applications are due by May 1st for the fall semester and by November 1st for the spring semester. Please make checks payable to BorderLinks.

* If a student is not accepted into the program, this fee will be refunded.

I have enclosed my fee:

Signed: _____ Date: _____

Application Questions – Please answer these questions in the space provided. Please feel free to use more space if you would like. Thank you in advance for taking the time to answer these questions thoughtfully and with candor.

1. How did you learn of BorderLinks and why do you want to participate in the Semester on the Border program?
2. What intercultural experience have you had?
3. Please highlight one of your intercultural experiences and describe its impact on your life.
4. Briefly describe what you consider to be the most important values and commitments in your life.

5. What have you done previously that may help prepare you for this experience?

6. What sorts of challenges do you think you might face in the course of the semester? How might you confront those?

8. How do you imagine this experience will affect your life in the future?

9. Finally, please explain in what situations you have learned Spanish and how you rate your ability to communicate in Spanish.

Health Insurance Information

BorderLinks requires all students in the Semester on the Border program to have medical insurance coverage for the duration of the program. You must submit proof of this coverage to us, in the form of this short form below, by the start of the semester. If you already have this information, then please submit this form now with your other application materials. You must be sure that your health insurance covers you outside the United States (in Mexico) as well.

If you have questions or concerns about health coverage, we suggest that you consult with someone in the Study Abroad office at your university or college to consider the best possible options for coverage.

Full Name of Insured (please print): _____

Name of Insurance Carrier: _____

Telephone number of Insurance Carrier: _____

Policy #: _____

Have you verified that this policy will cover you in Mexico: _____

Your Signature: _____

Date: _____

Health Considerations: We ask the following questions so that we can be as aware as possible of any health concerns that may arise for you in the course of your time with BorderLinks. All of the following information will be held confidentially and will in no way affect your possibility of acceptance.

1. Do you have any health conditions we should be aware of? If so, please explain:

2. Do you have any special health or diet considerations? If so, please explain:

3. Are you taking any medication regularly? If so, please explain:

4. Is there any history of mental illness or depression in your family? If so, please explain:

Release Form

Concerning the BorderLinks Semester on the Border program in which I intend to participate, I (and his or her legal guardian, if the registrant is a minor) understand and agree to the following:

1. There are differences in climate, living conditions, diet and water quality between Mexico and my own country.
2. I may be provided with housing which does not have running water or indoor toilet facilities.
3. Access to medical care (including emergency care) may be different than in the U.S.
4. While every effort will be made to respond to my health care needs, if care is necessary, it may be different than the care in my own country.
5. I have fully informed BorderLinks of any condition(s) of my mental, emotional, or physical health that may affect my participation in the program.
6. I understand that drugs and alcohol can be dangerous to myself and others. Illegal drugs are especially dangerous in the militarized border zone where both U.S. and Mexican authorities are on the lookout because of the politicized drug war. I will not use, carry, or be with anyone that is using illegal drugs. I will not use alcohol if I am a minor and will use good judgment if I am an adult.
7. BorderLinks attempts to include our groups in our decision-making process. But, I understand that the ultimate decision lies with the BorderLinks staff and it is my responsibility to cooperate fully with the staff and decision-making structure of BorderLinks.
8. Students are expected to treat one another and those we meet in Mexico with respect and consideration at all times. Any student who attempts to degrade or insult others with respect to their ethnicity, gender, religion or sexual orientation will not be tolerated.
9. I understand that BorderLinks respects the right of Mexicans to make decisions concerning their own country.

I, _____ (Student), am a participant in the Semester on the Border program with BorderLinks, Inc. ("BorderLinks")

* The Registrant has voluntarily enrolled in a college-level semester program out of Tucson, Arizona to be conducted on both sides of the U.S.-Mexico border. The Registrant has made a deposit that has been paid to cooperating agencies or organizations to apply against the costs of transportation, housing, and other goods and services. These will be arranged for the Registrant by the cooperating agencies and/or organizations.

* Limited Waiver of Liability Provisions:

a) As a consideration for being permitted to participate in the program, the Registrant agrees to abide by all applicable rules and regulations of BorderLinks, its staff, and laws of the governmental jurisdictions at the place or places of program offering.

b) The Registrant understands that there is both a risk in travel relating to their person and a risk to the personal property of the Registrant. The Registrant hereby agrees to accept the risk of such losses and to hold BorderLinks, Inc. harmless from such losses which are not caused by the negligence of BorderLinks, Inc. staff or employees.

I have carefully read this agreement and fully understand its contents. I sign it of my own free will. (If registrant is a minor, his or her parent or guardian must sign or the registrant will not be permitted to participate.)

Registrant's signature Date

I am the Registrant's legal guardian. I am signing this release on my own behalf and on behalf of the Registrant and his or her heirs and assigns.

Registrant's Legal Guardian Date

January 2007