



Main Application

Please fill out information completely and type or print in ink.

AFOW does not discriminate on the basis of sex, race, color, creed, sexual orientation, national origin, or ethnic origin. Please use your complete name as it would appear on your passport. AFOW will use the information below to send you important information. Please inform us immediately of any changes, including email changes.

Personal Information

Semester/Quarter _____ Year _____

Date of Birth _____ / _____ / _____
Month Day Year

Social Security Number: - -

Place of Birth (city, state, country) _____

Age _____ U.S. Citizen Non-U.S. Citizen (specify) _____

The following is optional. How would you describe yourself? (select one or more)

- American Indian Alaska Native Asian Black or African American
 Hispanic or Latino, Native Hawaiian Pacific Islander White

U.S. Alien Resident # _____

Do you have a passport for the duration of the program that is valid for 6 months after the program ends?

Yes. Passport # _____

Country of Issue _____

Currently applying for passport? Yes No Date applied/Will apply _____

Permanent Contact Information (your home address)

Mr. / Ms. Last Name _____

First Name _____ Middle Initial _____

Permanent Address Line 1 _____

Permanent Address Line 2 _____

City _____ State _____ Zip Code _____

Country _____

Telephone (_____) _____

Cell phone (_____) _____

Permanent Email* _____



Emergency Contact Information

1.Name _____
Relationship to You _____
Day Phone (_____) _____ Evening Phone (_____) _____
Email Address _____

2.Name _____
Relationship to You _____
Day Phone (_____) _____ Evening Phone (_____) _____
Email Address _____

Current School Information (your personal address at school)

Current Address Line 1 _____
Current Address Line 2 _____
City _____ State _____ Zip Code _____ /
Country _____
Telephone (_____) _____
E-mail* _____

*We communicate quite frequently by email. Be sure to list an email address you check regularly.

Can be reached at school address until: _____ / _____ / _____
Home College or University _____

Supplemental Material

Please do not forget to submit the following:

- Resume/ CV
- Official Graduate School Transcript
- Signature page of Passport
- 1 Recommendation Letter
- 1 Passport Photo



Recommendation Form

A. This section should be completed by the student.

Student Name _____
 AFOW India Program _____
 Please complete the information below.

Home Institution _____
 Semester _____ Year _____

Cum. GPA _____

In accordance with the Family Education Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation if you accept a fellowship from National Urban Fellows, Inc.

- I hereby waive my right of access to this recommendation.
- I do not waive my right of access to this recommendation.

Applicant's Signature: _____ Date: _____

B. This section should be completed by a professor or employer.

TO THE RECOMMENDER: American Friends Of WOTR (AFOW) has a dual mission: first, to support and conduct educational, training and study abroad programs for American university graduate students. Second, AFOW helps to promote and fund the programs and capital operations of the Watershed Organization Trust (WOTR: www.wotr.org) based in Pune, India. See an extensive November 2009 article about WOTR in National Geographic Magazine at <http://ngm.nationalgeographic.com/2009/11/india-rain/corbett-text>. The selection process requires all applicants to submit individual letters of recommendation.

PLEASE ATTACH THIS FORM TO YOUR LETTER OF RECOMMENDATION TYPED ON YOUR OFFICIAL LETTERHEAD.

Recommender's Name: _____
 Recommender's Address: _____
 Telephone: (Office) _____ (Home) _____
 E-mail address: _____

How long have you known the applicant? _____
 In what capacity? _____

May we contact you if we have additional questions? Yes No

Recommender's Signature: _____ Date: _____

Please rate the applicant in the following categories:

	Exceptional	Good	Average	Poor	Unable to Judge
Administrative and Management Competencies					
Leadership Skills					
Initiative					
Personal Motivation					
Communication Skills					
Ability to Cope with Stressful Situations					



Please forward this recommendation in a sealed envelope to the address below or return to the student in a sealed envelope with your signature written on the back flap:

Medical Form and Release

Please complete Parts A, B, and C and sign the Release of Information and the **Medical Release** sections. Ask your health care provider to complete and sign the **Medical Form**. Return the Health Disclosure and the **Medical** forms to:

AFOW India Program
 14 E Jackson Blvd Room 1602
 Chicago, IL 60604

IMPORTANT: The information you provide is confidential. Please answer all questions carefully; it is in your best interest to provide a candid evaluation of your health, stamina, and emotional stability. Thank you!

PART A: PERSONAL DATA

Name: _____ SSN _____ Date of Birth: _____
 Phone: _____ E-mail: _____
 Permanent Address: _____
 City: _____ State: _____ Zip Code: _____

Parent Name: _____
 Phone: _____ E-mail: _____
 Parent's Address: _____
 City: _____ State: _____ Zip Code: _____

PART B: EMERGENCY INFORMATION

In an emergency, notify: _____ Relation: _____
 Address: _____
 Telephone: _____
 If the above contact is not available, notify: _____
 Relation: _____
 Address: _____
 Phone: _____

Physician: _____
 Clinic/Office: _____
 Address: _____
 Phone: _____

PART C: MEDICAL STATEMENT

ALLERGIES

1. Do you have any dietary restrictions or known food allergies? NO YES

If YES, please explain:

Are you allergic to: PENICILLIN ASPIRIN SULFA LOCAL ANESTHETIC OTHER

If OTHER, please explain:

Do you have any other allergies (e.g.: bee stings, environmental)? NO YES

If YES, please explain:

4. Do you have any **medical** problem (chronic or acute) that may, under stress and duress, require immediate **medical** attention during



your participation in the program (e.g., epilepsy, heart trouble, asthma, sickle cell, diabetes, emotional/psychological imbalance)?
 NO YES *If YES, please explain*

5. Do you have any physical conditions which may affect your participation in a study abroad program due to dietary needs or need for accessible transportation and housing?
 NO YES *If YES, please explain*

6. Do you have any condition which may affect your emotional or mental well-being during your participation on this **study abroad** program? NO YES
If YES, what kind of accommodations or support might be needed?

RELEASE OF INFORMATION

I authorize AFOW to share this information with AFOW in-country staff or with my host institution and host country medical and health care providers on a need to know basis.

Participant's signature: _____
 Date: _____

I have examined this participant, or the records of this participant, and I believe that his/her health, including mental condition, will permit him/her to successfully participate in a **study abroad** program.
 Comments: _____

The participant is **NOT** capable of successfully participating in a short-term **study abroad** program in India because... _____

HEALTH CARE PROVIDER'S SIGNATURE: _____

DATE: / ____ / ____
 NAME (Please print) _____
 TELEPHONE: _____
 ADDRESS: _____

MEDICAL RELEASE

I authorize my health care provider to release the information included in this **Medical Approval Form** to AFOW.

PARTICIPANT'S SIGNATURE: _____
 DATE: ____ / ____ / ____

Health Insurance Form

Please sign the below form confirming that you understand that you will be automatically enrolled in group health insurance plan provided by HTH Worldwide. If you have any questions or concerns please contact us.

Student Name: _____

Social Security Number: _____

Date of Birth _____ / _____ / _____
Month Day Year

Name of College or University: _____

AFOW India Program Term: _____

Student Name (print)

Student signature

Date

Please carefully read the term and conditions agreement below. Sign and return it to AFOW. Please retain a copy for your records. This is a legally binding agreement between American Friends Of WOTR (AFOW) and the undersigned. If you have any questions regarding this agreement please contact your AFOW representative.

CONDITIONS OF PARTICIPATION

ACADEMIC POLICIES

1. I understand that I am to attend all classes on time and meet the requirements of all those classes. Failure to do so will result in no credit for the courses.
2. I understand that I am to notify all my instructors in the event I am unable to attend class or perform any other task, internship or otherwise.
3. I am aware that any misconduct in class or at internship is grounds for disciplinary action that may include dismissal from the program. These include but are not limited to sexual harassment, fighting, etc. or any other act deemed not becoming of a representative of AFOW or your home institution.

STUDENT RESPONSIBILITIES AND PERSONAL CONDUCT

1. I understand that as a student on a AFOW program, a guest of my host country and university I will abide by all rules, regulations, and laws set by the above. Failure to abide by the above will result in disciplinary action, even dismissal.
2. I understand that I am responsible for exercising caution and common sense in the presence and without the presence of AFOW staff to avoid injury to self and others. These include avoiding alcohol and drug abuse, acting in a manner unbecoming of a representative of your home institution, etc.
3. I understand that I should read and be aware of all the material relating to health, safety, political, cultural, and religious realities of my host country.

DATE AND FEES

1. I understand that I must send a \$25 application fee with my application packet.
2. I understand once accepted into the program a non-refundable \$500 confirmation fee is required within 7 business days of receiving my acceptance letter.
3. I understand that the balance of the total program fees is due to AFOW 60-days before the start of the program. If I am using financial aid and/or scholarships I will provide the dates when those funds will be made available to AFOW **before the start of student's program** as well as the contact info for the facilitators of those funds, i.e. Financial Aid Counselor, etc. In event that those funds are not received or do not cover the cost of the program fees the participant is responsible for the balance of the program fees owed. Failure to pay funds on the agreed upon time will result in cancellation of my program.

REFUND POLICY

1. I understand that once I accept admission to a AFOW program certain commitments and obligations are implemented on my behalf to partner schools and organizations to make the necessary arrangements for my study abroad.
2. I understand that the \$500 USD confirmation fee is non-refundable and is applied to the remainder of my program balance.
3. I understand after my program balance is paid in full, refunds when applicable will be disseminated as follows: If a participant withdraws from his/her program 31 days or more before the program begins 50% of fees will be refunded. 30 days and less 0% of program fees will be refunded. Once the program has begun no program fees can be refunded. All withdrawals from programs must be submitted in writing to AFOW.
4. In the event AFOW cancels a program before its start date all fees will be refunded with exception of the confirmation fee which will be credited to the next available program.
5. In the unlikely event of a program evacuation deemed necessary by the U.S. Department of State or medical evacuation deemed necessary by an attending physician AFOW will refund all recoverable cost,

these may include field trips not attended, etc. Other emergencies will be dealt with on a case by case basis.

LIABILITY

1. I understand that although AFOW has taken all the necessary precautions for the well-being and safety of students participating on its programs, there are unavoidable risks inherent with travel abroad. I unconditionally release AFOW from any claims for damage, injury, loss, or expense of any kind resulting from events beyond its control, these include without any limitation war, crime, strikes, terrorism, sickness, quarantine, government restrictions or regulations, and acts of God. This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by, bus or car rental service, hotel service, boat, airline, railroad, taxi, tour service, restaurant, school, university or other firm, agency company or individual.
2. I agree that if I become ill or incapacitated AFOW has the authority to make decisions it considers in my best interest under given circumstances. These include but are not limited to approval of anesthesia and surgery, intravenous injections, medical evacuation, program evacuation (in event of destabilizing political unrest in host country), unforeseen events, etc.
3. I agree to indemnify AFOW and its overseas partners for any damage and loss to its property or facilities I personally incur or damage or injury to the person or property of others that may cause or be accused of causing, while participating in the program. In the event AFOW or any of its agents advance or loan any monies to me or incur special expenses on my behalf while abroad or in relation to the program abroad I agree to make immediate repayment.
4. I understand that it is mandatory to have medical insurance for the duration of my program abroad and have been enrolled in as insurance plan as part of my program fees. I take full responsibility for having read and understanding said policy and any limitations in said policy pertaining to travel and study abroad.
5. I understand that AFOW has the right to change the time and location of the program without advanced notice to another institution if a situation arises and warrants such action.
6. I understand that I am responsible for obtaining my own trip cancellation insurance for any travel I undertake in connection with the AFOW program.

Initials_____

Student Statement:

I have read and understand the terms and conditions set forth in The Conditions of Participation (all of which I have had a full and fair opportunity to consider), and I understand that those terms and conditions, including the liability release, constitute my agreement with the American Friends Of WOTR (AFOW). This agreement is effective upon acceptance of my application to the Program.

Signature: _____ Print Your Name: _____
Date: _____

Bank Address: 33 West Monroe, Chicago, Il. 60603-5302
Bank Telephone: 312-881-8750
Bank Fax: 312-881-8750

Dear AFOW Student,

You will find below the necessary forms that are to be completed in order for you to receive credit through the Huston-Tillotson University for participation in the AFOW program.

Please complete the following form (**Signature required**):

Transcript Request Form

- **You must sign and date this form. It will be considered incomplete otherwise.**
- **A signature by your Study Abroad Advisor/Official is not required.**
- All other information, including which office must receive your official Huston-Tillotson University transcript must be filled in.

All Students

Please note the following:

- The school of record fee is included in the cost of your program.

This amount is included as part of your program fee.

- Applying for the Huston-Tillotson University's School of Record is a contract between you, the student, and the Huston-Tillotson University. AFOW cannot be responsible for ensuring credit transfer and/or any decisions made by the Huston-Tillotson University with regard to the School of Record transactions.

Students who attend two or more AFOW programs during non-consecutive terms need to submit one application for each program.

- Included in the program fee is the cost for ONE transcript. **ONE transcript will be issued upon the completion of your study abroad.** If your college or university needs a transcript for each term abroad, contact the Huston-Tillotson University for further information.

Once your application is completed, it is important that all necessary forms be returned as soon as possible to AFOW at:

AFOW, School of Record
14 E. Jackson Blvd. Room 1602
Chicago, IL, 60604

DO NOT send your application to the Huston-Tillotson University. AFOW will verify that your application is complete and upon completion of the AFOW program, your official AFOW transcript be sent directly to Huston-Tillotson University. Huston-Tillotson University will mail an official transcript to the appropriate offices at your school. **Please note that this process can take up to 8 weeks from the date that your AFOW Grade Report is issued.**

American Friends Of WOTR • 14 E. Jackson Blvd. Room 1602 • Chicago, IL, 60604

Tel: 708-254-4540

E-mail: contact@friendsofwotr.org • Website: www.friendsofwotr.org

Any questions related to your Huston-Tillotson University School of Record application before you depart for your AFOW program should be addressed to AFOW. Otherwise direct your questions to:

Dr. Steven Edmond
International Study Abroad Director
Huston-Tillotson University
512-505-3130
ssedmond@htu.edu

If you have any questions about your study abroad trip with AFOW, please contact your AFOW Representative.

Best wishes for a successful time abroad.

Huston-Tillotson University School of Record Transcript Application

Program Name _____
Host Country Institution _____
City/Country _____
Term(s)/Year _____

Full Name (last, first, middle)		Preferred Name
Social Security Number	E-mail (An address you will have access to while abroad)	
<p>Current Address (It is your responsibility to keep Huston-Tillotson informed of any change of address for the duration of your study abroad)</p> <p>Street Address:</p> <p>City/State/Zip:</p> <p>Phone:</p> <p>Valid Until:</p> <p>Permanent Address:</p> <p>Street Address:</p> <p>City/State/Zip:</p> <p>Phone:</p> <p>Emergency Contact Person (For release of information in your absence)</p> <p>Street Address:</p> <p>City/State/Zip:</p> <p>Phone:</p> <p>Relationship:</p>		
Institution Presently Attending:		
Cumulative GPA:		
Class Standing at beginning of study abroad:		
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Grad/Professional School <input type="checkbox"/> Non-Degree		

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<input type="checkbox"/> Other (specify)			
Major:	Second Major (If applicable):	Minor:	Second Minor (if applicable):
Anticipated Graduation Term: Year:		Country of Citizenship	Country of Birth
Type of Visa (Non-US Residents only) <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> F-1 (I-20 Admission# _____) <input type="checkbox"/> Other (Specify)			
The information requested below is voluntary. It will not be used as a basis for admission or in a discriminatory manner. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth(mm/dd/yyyy): Ethnic Background of US Citizens/Permanent residents only. <input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Chicano or Mexican American <input type="checkbox"/> Hispanic <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Multi-ethnic background 1. 2. 3.			
I certify that all statements made on this application are complete, true, and accurate to the best of my knowledge. Applicant Signature: Date:			

Please note this is not an application for admission to Huston-Tillotson University for a degree-seeking program.

TRANSCRIPT REQUEST FORM

NON- HUSTON-TILLOTSON UNIVERSITY STUDY ABROAD PARTICIPANTS

To ensure prompt processing, provide all information requested. Please notify Huston-Tillotson University if the address to which you want the transcript sent changes after your departure.

Print Full Name (last, first, middle)_____

Social Security Number_____

Date of Birth (MM/DD/YYYY)_____

As a participant on the (**program name**)_____

(**term/year**)_____, I understand that my grades will be recorded on a Huston-Tillotson University transcript unless my home institution has requested an exception. I hereby request that an official copy of my transcript or grade sheet be forwarded to following individual or institution for: recording on my home institution transcript, scholarship, and financial aid requirement or academic advising and graduation clearance. **This section must be completed by the department processing credit on your campus for study abroad.**

Name of Office_____

Name of Institution_____

Officer Name and Title_____

Office Number and Building_____

City, State, and Zip_____

Student Signature (required)_____ Date_____

Study Abroad Official Signature _____ Date_____

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