

VERMONT INTERCULTURAL SEMESTERS

APPLICATION FORM FOR FALL, '08 "GAP" SEMESTER

Full name _____ Date of birth _____

Parent(s) or Guardian(s) name(s): _____

Home mailing address: _____

Home telephone number: _____ Email: _____

Cell phone number: _____

Graduating High School name and address: _____

College or University you have been accepted to (if applicable): _____

PLEASE ADDRESS THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER. BE SPECIFIC AND INCLUDE DETAILS.

1. Why do you want to participate in VIS?
2. What aspect of the program interests you most?
3. What do you see as the central challenges of the program?
4. Please comment on your ability to adapt to new situations.
5. Describe yourself in terms of how you function in a group.
6. How will your participation enhance the VIS program?

Please provide the name of two references, including one teacher:

1. Name: _____ Relationship: _____
Telephone number: _____ Email: _____

2. Name: _____ Relationship: _____
Telephone number: _____ Email: _____

Applicant's signature _____ Date _____

Parent or Guardian's Signature _____ Date _____

Please mail your essay answers, a non-refundable application fee of \$75 made out to "VIS Fall Ladakh Program", and this completed form to: VIS Admissions, PO Box 464, Brookfield, VT 05036.

For more information, contact Curtis Koren: curtisk@sover.net; 802-276-3424