West Virginia University
Amizade Global Service-Learning Consortium
Faculty-Led Program

Community Development in Rural Jamaica

Application Checklist

☐ WVU/AGSLC Faculty-Led Program Application
☐ Payment Agreement Form
☐ Unofficial Transcript (minimum 2.75 GPA required)
☐ Academic Reference Forms
☐ Copy of Passport

RETURN DOCUMENTS TO:

WVU/AGSLC Offices
335 Stansbury Hall
P.O. Box 6214
Morgantown, WV 26506
COMMUNITY DEVELOPMENT IN RURAL JAMAICA
To Do List

1. **Contact the Amizade Office**, at 304-293-6049 or servicelearning@amizade.org for more specific information on course content.

2. **See your advisor.** Take the information on the course content to your advisor and inform him/her of your wish to study abroad and discuss how this course fits into your academic program.

3. **Complete the following forms and return them to the WVU/AGSLC Office, 335 Stansbury Hall, P.O. Box 6214, Morgantown, WV 26506**
   - Program Application
   - Unofficial Transcript (minimum 2.75 GPA required)
   - Academic Reference Form
   - Disciplinary Clearance Form
   - Payment Agreement Form
   - Copy of Passport

4. For information on other **scholarship opportunities** for study abroad, visit the Amizade website at: [http://www.amizade.org/service_learning/courses/financial_aid.html](http://www.amizade.org/service_learning/courses/financial_aid.html)

5. If you qualify for financial aid, make an appointment to see your financial aid advisor. For WVU students this is Paula King in **Financial Aid** (and/or the Scholarship Office) located on the 2nd floor of the Mountainlair, regarding your federal, state, and WVU aid and using it for study abroad.

6. **Apply for a passport**: Directions on How to Apply for a U.S. Passport are provided in this packet. Passport applications may be downloaded from: [http://travel.state.gov/passport_obtain.html](http://travel.state.gov/passport_obtain.html). Passports can take over 4 months, so don’t delay!

7. **Become familiar with the health insurance policy** that is included in the cost of the program. Insurance information can be found at [http://www.studyabroadinsurance.com](http://www.studyabroadinsurance.com). You may also consider purchasing additional international insurance to cover any additional potential health, emergency, accident & repatriation costs not covered by this policy. You will receive your insurance card from your faculty leader before your departure.

8. Contact the WVU/AGSLC Office for information about the itinerary, baggage limitations, and meeting arrangements.

9. Complete all required documents in the acceptance packet located at: [http://internationalprograms.wvu.edu/](http://internationalprograms.wvu.edu/)

10. Attend a Pre-Departure Orientation for your program. Location, time and date will be announced at a later date.
PAYMENT INSTRUCTIONS

1. Pay the **$1000.00 non-refundable** deposit. Upon submitting the payment agreement, the deposit charge will be placed on your student account at WVU. You can view charges on the STAR Information System by access through your MIX account at [www.mix.wvu.edu](http://www.mix.wvu.edu). You must be admitted to WVU and have a student ID number to access this information.

2. Payments can be made by the following methods:
   - In person, Office of Student Accounts, located on the ground floor of Stewart Hall
   - Over the phone, Office of Student Accounts at (304) 293-4006.
   - Online, using the STAR system at: [www.mix.wvu.edu](http://www.mix.wvu.edu)

   **NOTE: If outstanding charges exist on your account, previous charges will be paid before any deposit for study abroad.**

3. Pay the final amount of the trip balance on or before the due date.

4. Please note that the extended learning fee will be placed on your student account approximately one month before the program departure date.

**Refund Policy**

A. If program withdrawal is for any other reason, the following applies:

<table>
<thead>
<tr>
<th>PROGRAM WITHDRAWAL DATE</th>
<th>REFUND POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 90 days and 60 days prior to departure</td>
<td>up to 75% of program cost minus airfare and other program specific non-refundable costs</td>
</tr>
<tr>
<td>Between 59 days and 30 days prior to departure</td>
<td>up to 50% of program cost minus airfare and other program specific non-refundable costs</td>
</tr>
<tr>
<td>Between 29 days and the day of departure</td>
<td>No Refund</td>
</tr>
</tbody>
</table>

Upon receipt of written notification, cancellations and refunds will be processed according to the above policy.

The program deposit is **non-refundable** beginning once the student submits the payment agreement form to WVU/AGSLC. All students with financial aid are required to pay the deposit upfront and then be reimbursed by their financial aid – no exceptions

B. Upon written notification to WVU/AGSLC, you may petition to withdraw because of a serious illness. You may be eligible to receive a refund minus program specific non-refundable costs and airline ticket. Documentation of inability to participate in the program is necessary in making claims for the refund.
COMMUNITY DEVELOPMENT IN RURAL JAMAICA

I, __________________________________, 70___________________ will be YOUR NAME WVU STUDENT NUMBER participating in the following WVU/AGSLC Faculty-Led Study Abroad Program:

**Jamaica: Community Development in Rural Jamaica**

The total cost of this program is $2,650.00.

I understand that by submitting this document that my student account will be charged for the cost of the program. The program deposit is non-refundable effective at the time of submission of this form. Also I understand that the remaining balance is subject to the refund policy on page (3) of this packet. I agree to adhere to the following payment schedule to avoid late charges on my account:

- $1,000.00 Non-refundable Deposit due on or before **March 11th, 2011**
- $1,350.00 Final Program Payment due on or before **April 22nd, 2011**
- $300.00 Extended Learning Credit Fee, due prior to departure

++ This document must be returned to the WVU/AGSLC Office in 335 Stansbury Hall prior to making your deposit payment

<table>
<thead>
<tr>
<th>CODE</th>
<th>TERM</th>
<th>AMOUNT</th>
<th>EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPAS</td>
<td>201105</td>
<td>$100.00</td>
<td>03/11/2011</td>
</tr>
<tr>
<td>IZJS</td>
<td>201105</td>
<td>$900.00</td>
<td>03/11/2011</td>
</tr>
<tr>
<td>IZJS</td>
<td>201105</td>
<td>$1350.00</td>
<td>04/22/2011</td>
</tr>
</tbody>
</table>

Student Signature __________________________________________________________________________________________ Date ______________________________

If the student is under the age of 21, please include a parent or guardian signature:

Parent/Guardian Signature __________________________________________________________________________________________ Date ______________________________
WVU / AMIZADE GLOBAL SERVICE-LEARNING CONSORTIUM
FACULTY-LED STUDY ABROAD
PROGRAM APPLICATION

COMMUNITY DEVELOPMENT IN RURAL JAMAICA

Application Instructions: Complete this application and return to the WVU/AGSLC Office, 335 Stansbury Hall, PO Box 6214, Morgantown WV 26506. NOTE: Please use black or blue ink.

BIOGRAPHICAL INFORMATION

Name (Last, First, Middle Initial): ___________________________________________

Other names used in the last 10 years: ______________________________________

Please check here if you are not a WVU Student: _____

What type of credit are you applying for: Undergraduate Credit _____ Graduate Credit _____

WVU ID Number: ___-___-___

Passport Number: ______________________ Date of Issue: __________________

Country of Citizenship: ______________________

Citizenship Status: ___ US Citizen ___ Refugee ___ Non-Immigrant/Other

Visa Type: _____ Permanent Resident with Alien Card (Please attach a copy of both sides of the card)

Date of Birth: _____/_____/_______

School Email: ___________________________ Male _____ Female _____

Personal Email: ___________________________

Permanent Address: _______________________________________________________

City: ___________________________ State: _______ Zip: __________________

Daytime Phone: (___)_______________ Evening Phone: (___)_______________

Cell Phone: (___)_______________ Work Phone: (___)_______________

Are you applying as a West Virginia Resident? _____ Yes _____ No

If yes, how long have you lived in West Virginia? _____ Years _____ Months (Proof may be required)

Status: Guest status is available to students wishing to take this program as non-degree students.

Your current status: _____ High School Graduate

_____ Currently enrolled in College

_____ Completed a BA/BS degree

_____ Check here if you previously applied for Guest status at WVU
Ethnic Group:  
____ White, Non-Hispanic (01)  
____ Black, Non-Hispanic (02)  
____ Hispanic (03)  
____ Asian/Pacific Islander (04)  
____ American Indian or Alaskan Native (05)  
____ Race/Ethnicity Unknown (06)

Emergency Contact Name #1: ____________________  Relationship: _____________
Daytime Phone: (___)__________________  Cell Phone: (___)__________________
Evening Phone: (___)__________________

Emergency Contact Name #2: ____________________  Relationship: _____________
Daytime Phone: (___)__________________  Cell Phone: (___)__________________
Evening Phone: (___)__________________

EDUCATIONAL INFORMATION

Current Academic Institution: _________________________________________________
Address: __________________________________________________________________

Academic Status:  
__ Freshman  __ Sophomore  __ Junior  __ Senior  
__ Graduate  __ Other

Major(s)/Minor(s): ___________________________________________________________

Dates Attended: ____________________  Grade Point Average: ____________

Please include a copy of your academic transcript(s) with your application (official or unofficial)

PREVIOUS EDUCATIONAL EXPERIENCE

Name of High School or College  City and State  Dates Attended  Degree Obtained
__________________________________  ______________  ________________  _____________
__________________________________  ______________  ________________  _____________
__________________________________  ______________  ________________  _____________

Scholarships & Aid:  National Merit ____  WV Promise ____  Federal Financial Aid ____  Other ____
(Check all that apply)

APPLICANT SIGNATURE

My signature below verifies that all information on this application is correct to the best of my knowledge:

Signature: ______________________________  Date: ______/_____/______
Application Essays and Information

Application Essay
Please attach an essay explaining your personal and academic reasons for applying to participate in this global service-learning program. (750 Word Maximum)

Background Information
Please list relevant courses, extracurricular, travel, or service experiences you have had in the past. (500 Word Maximum)

Students with a GPA below 2.75
Please explain your academic performance. (500 Word Maximum)

How did you find out about Amizade Service-Learning Programs? (Please specify source, if applicable)
_____ WVU Center for Civic Engagement  _____ WVU Office of International Programs
_____ Internet/Website ____________________________________________________________
_____ Current or Past Participant _________________________________________________
_____ Friend _________________________________________________________________
_____ Amizade Staff Person _____________________________________________________
_____ Media/News ______________________________________________________________
_____ Other (please explain) _____________________________________________________

Have you participated on a previous Amizade program?  _____Yes  _____No
If yes, please list the details: Volunteer or Service-Learning _______________________
Location: ___________________   Year:____________

Please indicate your T-Shirt size: (check one)
_____ Small
_____ Medium
_____ Large
_____ X-Large
_____ XX-Large
Faculty Reference for WVU / Amizade Global Service-Learning Consortium Faculty-Led Study Abroad

To be completed by Applicant:

Name: ____________________________________________

WVU/AGSLC Faculty-Led Program: Community Development in Rural Jamaica

Dates of Study: June 27th to August 5th, 2011

☐ I waive my right to inspect this confidential letter of recommendation.
☐ I do not waive my right to inspect this confidential letter of recommendation.

Respondent:

Thank you for taking the time to complete this recommendation form. This student has applied to study abroad on a WVU/AGSLC Faculty-Led program. Please comment on your perceptions of the student’s ability to be academically successful and his or her ability to benefit from the time abroad. Please feel free to write your comments directly on this form or write a letter on a separate sheet addressing the questions/issues outlined below.

Name: ____________________________________________
Title: ______________________ Email: ______________________________
Phone: ____________________

1. Please indicate the length of time and circumstances through which you have known the student.

2. Describe the applicant as a student and whether you believe the student will be motivated in his or her studies and work at the program site?

3. The students may be part of a program that lacks the structure of a typical US College or university environment. Is the student self-reliant and mature enough to perform well in this type of program?

4. Please cite personal characteristics that may positively or negatively affect the student’s chances for success in a different culture and educational system. If you were a program director, would you be enthusiastic in bringing this student on your program?

Signature: ___________________________ Date: ______________

PLEASE RETURN TO THE WVU OFFICE OF INTERNATIONAL PROGRAMS, 336 STANSBURY HALL, PO BOX 6214, MORGANTOWN WV 26506-6214.
To the Student: This form must be completed by the Dean of Students, Judicial Affairs Office or appropriate administrative official at your home institution. West Virginia University’s Judicial Affairs Office is located at 84 Boreman North. Your signature provides consent for release of this information.

Name of Student: ____________________________ Date: ____________________________

WVU 700 Number: _____-____-______ Phone: ________________________________ Email: ____________________________

School or College: ____________________________

Signature: ______________________________________________________________________

☐ This student has not received a judicial sanction at this institution.

☐ This student is not currently under active judicial sanction, but has been previously sanctioned as follows:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

☐ This student is currently under the following judicial sanction(s):

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Your Name: ____________________________________________________________________

Title: ________________________________________________________________________

Institution: ___________________________________________________________________

Telephone: ____________________________________________________________________

Signature: ____________________________________________________________________ Date: ____________________________