



**Participant Information:**

Please address these questions and submit them typed on a separate piece of paper.

1. Please describe any previous study and travel abroad experiences you have had.
2. What courses and experiences have you had with Comparative Indigenous Arts, American Indian Studies and/or community service projects?
3. This program involves traveling with a group and working with people of varying cultural backgrounds. How comfortable would you be sharing your living space?
4. The majority of the days require foot travel such as hiking and exploring in the outback and in the city. Are you able to perform all of these activities?
5. What do you see as your strengths and weaknesses to your participation in this type of program?
6. Given the description and itinerary of the program, what do you find the most attractive and exciting about this journey?
7. State briefly what you hope to accomplish during this education abroad program and how you hope to incorporate the experience into further academic or career plans.

**Submit Academic Reference:**

An academic reference form must be submitted from an instructor, counselor, or administrator who can address your academic achievement, leadership experience, and personal character. They may submit the attached reference form in a sealed envelope to: Jen Sydow, SC-125. Please note that Roger and Manuel may not submit the reference form.

**Agreement/Applicant's Signature:**

- *I agree to notify the Education Abroad Advisor (Jen Sydow) and/or the Instructors (Roger McKinney or Manuel Pino) of any changes to the information presented on this application.*
- *I understand that the application process will include a personal interview with one or more of the program coordinators.*
- *I understand that I will be required to attend the pre-departure orientation.*
- *I understand that my application will be reviewed and can be accepted or denied.*
- *I certify that all information on this application is correct.*
- *I hereby certify that I will have adequate means of financial support for payment of fees.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return the completed application to Jen Sydow, SC-125, before February 20, 2009.

(Scottsdale Community College, 9000 E. Chaparral Rd, Scottsdale, AZ 85256-2626; Phone 480-423-6000)

**For Office Use Only**

Is the student a full time student?	<input type="radio"/> Yes	<input type="radio"/> No
Is this student in good academic standing?	<input type="radio"/> Yes	<input type="radio"/> No
Has this student ever been involved in any disciplinary problems at SCC?	<input type="radio"/> Yes	<input type="radio"/> No
Student Services and Counseling have been notified.	<input type="radio"/> Yes	<input type="radio"/> No
Does this student qualify to study abroad as part of the academic program?	<input type="radio"/> Yes	<input type="radio"/> No