

Bible Study and Travel Programs

The Application Process

Holy Land Retreat-- May 15 – 27, 2010

Since this is a program of overseas travel, it is necessary to have all the required documentation in order. If you do not have a passport, please secure one as soon as you can. Citizens of the United States can get information about securing a passport from www.state.gov/travel. Citizens of other countries should consult local authorities about securing a passport. If you already have a passport, please ensure that it is valid for six months beyond the program's end date (in this case, December 1, 2010). You may apply for the program before you have your passport, but you must have a valid passport *before* beginning the trip.

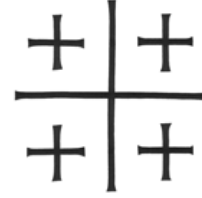
Obtaining a visa to Israel is the responsibility of the participants. U.S. citizens will not need to acquire any visas before leaving although citizens of other countries may need to secure a visa for Israel. Please contact the Israeli embassy or consulate near you for information. It could possibly take up to 60 days to process papers for your visa request...please allow enough time. Special Note: Visas must not expire before the trip has concluded. Also, if you are a citizen from a country other than the US and you intend to return to the US after this trip, make sure your visa for the US won't have expired before your return date!

Thank you for carefully completing the application form. This will bring you one step closer to the lands of the Bible.

<p>Application DEADLINE: March 20, 2010 Please return the application and \$100 non-refundable deposit to: Director Biblical Study and Travel Office, Catholic Theological Union, 5401 S. Cornell Avenue, Chicago, IL 60615.</p>
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BIBLICAL STUDY AND TRAVEL PROGRAMS
Catholic Theological Union
5401 S. Cornell Ave.
Chicago, IL 60615
(773) 371.5436



Application Form

Holy Land Retreat – May 15-27, 2010

Please print all information

Name (Please print your name as it appears on your Passport)

Last _____ First _____ Middle _____

Mailing Address

Street _____

City _____ State/Province _____ Postal Code _____

Country _____

Note: If you change your address or phone number any time before May 10, 2010, please notify the Director of the Biblical Study and Travel Office at CTU...773.371.5436.

E-mail address _____

Telephone

Day _____ (____) _____ Evening _____ (____) _____

(Please include the country code if number is not in the US.)

[If your bills should be sent to someone other than yourself (i.e. the Treasurer of your Religious Congregation), please put that contact information below (address, phone number and email address)...otherwise, please leave these lines blank]

[We will be compiling a contact list for all participants to use for staying in touch with each other after the trip is over. If any of the information on the preceding page should appear differently on the contact list (i.e. the first name you regularly use is not the same version as appears on your passport or you want only your work phone number put on the list), please indicate that below...otherwise, please leave these lines blank.]

[We will also be making name tags for each person to wear to facilitate your getting to know one another. They will be made in this format...sample:



Please indicate your preference based on how you would like to be addressed in everyday conversation.

Large Letters (on top) : _____

Smaller Letters (below): _____

Thanks! ☺]

Passport Information

Issuing Country _____

Passport Number _____

[Please carefully note the way the dates below need to be configured.]

Birthdate (DD/MM/YYYY) _____

Date of Issue (DD/MM/YYYY) _____

Expiration Date (DD//MM/YYYY) _____

Note: If you do not have a Passport or if your Passport will expire before December 1, 2010, please apply for or renew your Passport at your earliest convenience. After receiving your Passport, please send the above information to The Director of Biblical Study and Travel Programs at CTU. Holders of US Passports will be issued a visa for Israel upon arrival at Ben Gurion Airport (Tel Aviv) at no cost. Holders of other Passports should contact an Israeli Consulate for visa information.

Name (Please print your name on this page again...thanks! ☺!)

Last _____ First _____ Middle _____

Travel Plans

_____ I plan to travel to and from the trip on the group flight (From Chicago back to Chicago)

_____ I plan to make my own travel arrangements.

Note: If you are making your own travel arrangements, please check with the Director of the Study and Travel Program about possibilities for meeting up with the group somewhere along the way.

Single Room Supplement

_____ I request a single room and understand it is an additional fee of \$700.

_____ I am not requesting a single room

Ecclesiastical Background

I am a member of the _____ Church.

___I am a lay person: (Single ___ Married ___)

___I am a member of the following religious community:

Name of Congregation: _____

(___ Professed ___ In Formation ___ Seminarian.....Year of Ordination _____)

The initials at the end of my name that identify my congregation are: _____

___I am a member of the diocesan clergy: Diocese _____

(___ Seminarian.....Year of Ordination _____)

Emergency Contact: In case of emergency, please contact

Name _____ Relationship _____

Address _____

City, State, Zip Code _____

E-mail address _____

Telephone _____ () _____ (Day) _____ () _____ (Evening)
(Please include the country code if number is not in the US.)

Please provide the following information for use in case of a medical emergency:

Physician's Name _____

Telephone _____() _____ Fax _____() _____
(Please include the country code if number is not in the US.)

Medical insurance: Company name: _____

Policy number: _____

Telephone: _____() _____
(Please include the country code if number is not in the US.)

Medications

Please list medications (including over the counter medicines) you are currently taking and the condition for which these medications are required.

Medication	Condition

Have you had surgery in the last 12 months?

If yes, what physical situation required the surgery?

What, if any, physical limitations or health difficulties do you have?

Letter of Recommendation

Current CTU students do not have to request a Letter of Recommendation. All other participants do. If you are not a current CTU student, please complete the following:

I have requested a Letter of Recommendation from _____

Please give that person the two-page form for that purpose that is included here on pp. 6 and 7.

Letter of Recommendation

Applicant's Name _____

I, the applicant, agree that the recommendation I am requesting shall be held in confidence by officials of Catholic Theological Union, and I hereby waive any rights I may have to examine it.

Yes_____ No_____

This person has applied to attend Catholic Theological Union's 2010 Holy Land Retreat. This is a two-week program of travel in Israel. It involves adjustment to a foreign culture and to community living, and visits to many religious and archaeological sites. The participant must have an interest in insights about the Scriptures, be able to live cooperatively in community with both men and women and be sufficiently flexible to adjust to new situations and different cultures. The program is physically strenuous, involving a lot of walking on uneven terrain, steep climbs and desert climate. Anyone whose footing is unsure, who is already fatigued, is under psychological stress, has had surgery within six months prior to the beginning of the program, has dietary restrictions or has less than vigorous good health is not advised to undertake this program.

In the light of this description, would you please respond to the following:

How long and in what capacity have you known the applicant?

Please comment on the applicant's capacity to successfully participate in the kind of program described above.

Other comments

I verify that the information given in this recommendation is complete and accurate to the best of my knowledge.

Date

Name (please print)

Relationship to Applicant

Your phone #

Your Address

City/State/Zip

Signature

Please return to:

Sallie Latkovich, CSJ
Director of Biblical Study and Travel Programs
Catholic Theological Union
5401 S. Cornell Ave.
Chicago, IL 60615 USA
Office: 773.371.5436
FAX: 773.324.4360
E-Mail: CTUTravel@ctu.edu

Necessary Stamina

Please give serious consideration to the following statement and affix your signature below it if you agree that you have the necessary stamina to participate in this retreat.

I am aware that this trip requires daily and sometimes lengthy walking, occasionally on uneven ground, in a climate of intense heat. It also involves living cooperatively in a community setting for the duration of the trip. I have the physical, emotional, and mental strength to participate fully and I recognize that it is my responsibility to inform the staff should any health problems arise before or during the trip.

(Your signature)

Please return completed application with the \$100 non-refundable deposit to:

**Director of Biblical Study and Travel Programs
Catholic Theological Union
5401 S. Cornell Ave.
Chicago, IL 60615 USA
Office: 773.371.5436
FAX: 773.324.4360
Email: CTUTravel@ctu.edu**

[It is acceptable to email this application with the provision that the signed original of p. 8 will be sent to the Director of the Biblical Study and Travel via regular mail. Don't forget to send the \$100 non-refundable deposit as well !!!!

Make checks payable to Catholic Theological Union . The entire deposit will be deducted from the total cost of the program.

If you wish to pay by credit card, please call Linda Nagdeman at CTU's Business Office: 773.371.5407. If she is not available, please contact Joyce O'Connor at: 773.371.5408].