BIBLICAL STUDY AND TRAVEL PROGRAM
Abraham’s Children 2016
Application Process

There are two points that we want to make about the information we are seeking from you.

First, 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](http://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, July 29, 2016). You may apply for the program before you have your passport, but you must have a valid passport before beginning the program.

Obtaining visas from the countries we will visit is the responsibility of the participants. U.S. citizens will not need to acquire any visas before leaving, but citizens of other countries may need to secure a visa for some countries. Please contact the Israeli embassy or consulate for information. Requests for visas can take up to 60 days to process the necessary paperwork. Make sure you’ve allotted enough time to do this. Also, if you are a citizen from a country other than the U.S., and you intend to return to the U.S. after this trip, make sure your visa for the U.S. won’t have expired before your return date! Very important note: Make sure your visa to Israel is a “multiple entry” visa, and also make sure it will not expire before the end of the trip.

Second, CTU is a graduate school of theology and ministry, and academic credit is available. CTU students should register for the coursework with the Registrar. Others who wish to receive academic credit should contact us about admission requirements. The basic requirement for admittance is an undergraduate degree or its equivalent.

Prior to the start of the trip, a Program Manual will be sent to you with more details about the program such as a calendar, your courses and required and recommended textbooks, what clothing to bring, a suggested amount of spending money, etc.

Tasks:

1. Fill out the attached application and submit the $250.00 deposit for each part of the trip with your application. Note that the deposit is nonrefundable should you cancel. You may charge the deposit to your credit card if you choose. Reservations will be confirmed upon receipt of the deposit. You will be billed for the remainder.
2. Complete and return as soon as possible as much of the application that you can fill out. Please send a copy of your passport. The passport information is especially important for making hotel and flight reservations during the trip.
3. Have your doctor complete and return the Doctor’s Approval Form (p. 9) by December 1, 2015.
BIBLICAL STUDY AND TRAVEL PROGRAM
Abraham’s Children 2016
Application Form

Please print all information

1. Name [Please print your name as it appears on your passport]
   Last_________________________________________ First_________________________________ Middle______________

2. Mailing Address
   Street_____________________________________________________
   City_________________________ State/Province__________________________ Postal Code______________
   Country______________

   [If you change your address, email or phone number any time before January 19, 2016, please notify Sallie Latkovich, C.S.J., Director of the Biblical Study and Travel Office at CTU – CTUTravel@ctu.edu]

3. Email address____________________________ My email address may be included in the program manual to share with other trip participants. ☐ Yes ☐ No

4. Telephone Numbers
   Cell: [____]_________________________ Day [____]_________________________ Evening [____]_________________________
   Please include the country code if numbers are not in the U.S.

5. [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 (name, address, phone number and email address) … otherwise, please leave these lines blank]


6. Passport Information

   Please be sure to send us a copy of your passport that shows the Issuing Country, Passport Number, Birthdate, Date of Issue, and Expiration Date.

   Reminder: If you do not have a passport or if your passport will expire before July 29, 2016 please apply for or renew your passport at your earliest convenience. After receiving your passport, please send a photocopy to Sallie Latkovich at CTU/CTUTravel@ctu.edu.]
7. Travel Plans

We have discovered that it is less expensive if each person makes their own flight reservations; and some are able to use frequent flyer miles for their booking. We will provide the arrangements of the group leaders with arrival and departure times so that each person can make their own plans.

8. Travel Experience

_____ I have never traveled outside my home country.

_____ I have participated in other travel and/or study programs to the lands of the Bible.
   [Please provide a brief description of the program(s)].

_____ I have traveled to the following other countries:

9. Accommodations

For this trip, double occupancy is the norm (single occupancy only when possible and when the participant has paid for the single supplement...see #10).

Do you already have a roommate for these trips? If so, who? __________________________________________________________

If not, roommates will be assigned. To help make compatibility more likely, please answer the following questions:

Do you smoke?   Yes    No

Do you snore?   Yes    No

Are you a “night owl”?   Yes    No

Are you an early riser?   Yes    No    How early?______________

10. Single Supplement

Do you wish to have a single room on the trips named above?

_____ I request a single room and understand it is an additional fee of $695.

_____ I am not requesting a single room.
12. Medical and Emergency Contact Information

Please fill out and return the Medical and Emergency Contact Information Form.

Also...please have your doctor complete the Doctor Approval Form that is also included near the end of this application (p. 9). He/she needs to return it to Sallie Latkovich at CTU. It can be sent through regular mail or fax, but not email.

14. My Educational Background

(Current CTU students may omit number 14)

Please list all post-secondary schools attended: (Please have registrars send official transcripts if you are applying for academic credit for this trip.)

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<tr>
<th>School</th>
<th>Degree</th>
<th>Major(s)</th>
<th>Dates Attended</th>
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</table>

17. Academic Credit

____ I do not wish to pursue academic credit.
____ I wish to apply for the graduate credits being offered for this trip.

(If you are applying for academic credit and you are not a current CTU student, please contact us for admissions requirements.)

18. Name Tags: We will 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:  

Mary
Smith, OP

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

Large Letters (on top): ________________________________

Smaller Letters (below): ______________________________

Final Reminders

1. If you do not have a passport that is valid for at least six months after your return from Israel (July 29, 2016), please apply for one as soon as possible and send a photocopy to Sallie Latkovich at CTU.
2. If you are not a CTU student and wish to receive academic credit, please contact us about admission requirements. The basic requirement for admittance is an undergraduate degree or its equivalent.

3. Please send this completed form and your deposit 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

[It is acceptable to email this application with the provision that the signed original of p. 8 will be sent to Sallie via regular mail. Don’t forget to send the $250 deposit as well.]

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

If you wish to pay by credit card, please call CTU’s Business Office: 773.371.5408.

Application Items Needed:

- Application form, including Medical and Emergency Contact Information
- Deposit
- Photocopy of passport
- Doctor Approval Form
BIBLICAL STUDY AND TRAVEL PROGRAM
Medical and Emergency Contact Information

Applicant’s name: ____________________________________________

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

Physician’s Name and/or medical facility: ____________________________________________

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

Medical insurance: Company name: ___________________________ Policy number: ___________________

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

Emergency Contact: In case of emergency, please contact:

Name: ___________________________ Relationship: ___________________________

Address: _____________________________________________________________

City, State, Zip Code: _________________________________________________

Email: _____________________________________________________________

Telephone:

Cell: _______ (_____ ) ___________________ Day: _______ (_____ ) ___________________ Evening: _______ (_____ ) ___________________
(Please include the country code if number is not in the US.)

If you are a member of a religious congregation, please supply the following information.

Congregational Contact Person: _____________________________________________

Address: ______________________________________________________________

City/State/Postal Code: ___________________________________________________

Email: _________________________________________________________________

Daytime Phone Number: _______ (_____ ) _________________________________
(Please include the country code if number is not in the US.)
Please print your name at the top of this page:________________________________________________________________________

Please list medications (including over the counter medications) you are currently taking and the condition for which this medication is required.

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<tr>
<th>Medication</th>
<th>Condition</th>
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What, if any, physical limitations do you have?

Do you have any special dietary needs?

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. I also realize this is an academically oriented program and so intend to attend all the classes and be present on all field trips regardless of whether or not I am taking all the courses for credit.

(Your signature)
BIBLICAL STUDY AND TRAVEL PROGRAM
Doctor Approval Form

Dear Doctor:

The person named below has applied for a J-Term Biblical Study and Travel Program sponsored by Catholic Theological Union at Chicago. This is a two-week program of study and travel in Israel. Some aspects of this program are physically demanding because of the amount of walking over uneven terrain in a hot and arid climate, which is required on some days. Good general health is a fundamental requirement for participation. Coronary or respiratory problems, severe allergies, or problems with walking could be aggravated by the physical expectations of this program. It is difficult for participants to maintain special diets. Because of the adjustments that need to be made to community living in an unfamiliar culture, the applicant should have the emotional and psychological strength to make the necessary adaptations. Chronic psychological problems will only be exacerbated because of the adjustments that are typically required of participants.

After examining the applicant, please advise us of his or her suitability for our program. This statement is for the information of the program and will not in any way hold you legally liable for the applicant’s acceptance into the program or for any injury or illness that might occur during the program. Thank you for your help.

Sincerely,

Sallie Latkovich, C.S.J.
Director
CTU Biblical Study and Travel Programs

Name of the applicant______________________________________

[circle one] is not in good general health for the travel program as described above. This trip requires daily and sometimes lengthy walking, occasionally on uneven ground, in a climate of intense heat.

Is there a physical condition of this applicant and/or medication taken by this applicant that the Program Director should be aware of (e.g. epilepsy, seizures, diabetes, cancer, a psychological/affective disorder)? If yes, please explain below.

Physician’s Name (please print)_____________________________________

Signature__________________________________ Date __________________________

Please mail or fax the completed form to:
Sallie Latkovich, C.S.J.
Catholic Theological Union
5401 S. Cornell Ave.
Chicago, IL 60615
Office Phone: 773.371.5436
Fax: 773.324.4360