BIBLE STUDY AND TRAVEL PROGRAMS – HOLY LAND RETREAT
The Application Process

Holy Land Retreat: May 16 – 29, 2015

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, December 1, 2015). 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 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!

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

Application Deadline: March 1, 2015
Please return the application and $250 non-refundable deposit to:
Director Biblical Study and Travel Office
Catholic Theological Union
5401 S. Cornell Avenue, Chicago, IL 60615.
BIBLE STUDY AND TRAVEL PROGRAMS – HOLY LAND RETREAT
Application Form

Holy Land Retreat: May 16 – 29, 2015

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, email, or phone number any time before May 1, 2015, please notify the Director of the Biblical Study and Travel Office at 773.371.5436 or CTUTravel@ctu.edu.

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

Telephone

Cell: (____)_________________ 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.]

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
**Name Tags:** We will make name tags for each person to wear to facilitate your getting to know one another. They will be made in this format:

![Name Tag Example]

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): _______________________________________

**Program Manual:** Please send a photo of yourself and write a SHORT paragraph about yourself, that we can use in our program manual to ‘introduce’ participants to one another. The introduction should be no more than 4-6 sentences. The photo and introduction may be sent by email or by regular mail to Sallie Latkovich, Director of Biblical Study and Travel, CTUTravel@ctu.edu.

**Passport Information**

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

Reminder: If you do not have a passport or if your passport will expire before December 1, 2015 please apply for or renew your passport at your earliest convenience. After receiving your passport, please send a photocopy to Sallie Latkovich at CTUTravel@ctu.edu.

**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.

**Single Room Supplement**

_____ I request a single room and understand it is an additional fee of $850.

_____ 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__________)
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. 7 and 8.
Medical and Emergency Contact Information

Name
Last __________________ First __________________ Middle __________________

Emergency Contact:
Name________________________________________________________ Relationship________________________
Address________________________________________________________________________________________
City, State, Zip Code______________________________________________________________________________
Email address________________________________________________________
Cell: (___)_____________________ 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 the medication(s) is required.

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<tr>
<th>Medication</th>
<th>Condition</th>
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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?
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 $250 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 this page will be sent to the Director of the Biblical Study and Travel via regular mail. Don’t forget to send the $250 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 CTU’s Business Office: 773.371.5407.

Application Items Needed:

☐ Application form complete including Medical and Emergency Contact Information
☐ Deposit
☐ Photocopy of passport
☐ Photo and introductory paragraph
☐ Letter of Recommendation, if not current CTU student
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 2015 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
Email: CTUTravel@ctu.edu