



Dear Leading the Way Costa Rica 2009 Applicant:

We are very excited that you are interested in our 2009 Leading the Way Program for students who are deaf or hard of hearing. On behalf of the entire Global Explorers staff, we look forward to receiving your application soon!

The 2009 Leading the Way program promises to be an amazing, safe and life-changing experience, yet challenging to each student in their own way. Prior to the trip, accepted students will need to spend time fundraising and working on preparatory lessons.

The program cost is \$1,995 (does not include international airfare). However, Global Explorers is continually seeking out additional funds to lower the cost and to provide scholarships. We also expect you to take a leadership role in attempting to raise funds for yourself. Last year, Leading the Way participants raised 30% to 100% of their program costs through various forms of fundraising recommended by Global Explorers.

Global Explorers is seeking very capable, mature and confident students who feel that this experience will help their personal growth and discovery. Because we anticipate high demand for this program, we are requesting that you complete the following application as soon as possible. Spots fill quickly!

This is an open enrollment program. The early application deadline is October 15, 2008. One hundred dollar scholarships will be awarded to students who submit their complete application by the early application deadline and are accepted into the program. We accept applicants through November 1, 2008. Teams will be chosen no later than November 15, 2008.

Our students who are deaf or hard of hearing will be joined by a group of 8 high schools students who have spent the past year learning sign language and understanding more about the culture of the hard of hearing and deaf community.

Please read the application instructions and follow them thoroughly. If you have questions or need further information on this program please contact Global Explorers at leadingtheway@globalexplorers.org or (877) 627-1425. Submit completed applications to Shannon at leadingtheway@globalexplorers.org , via fax 1-719-623-0442 or mail to Global Explorers, 420 S. Howes Suite B300, Fort Collins, CO 80521.

Sincerely,

David J. Shurna
Executive Director

WHAT TYPE OF LEADING THE WAY APPLICANT ARE YOU?

Please review the applicant descriptions below and follow the corresponding instructions.

1. No previous experience with the Leading the Way program. Please submit the following materials.

- Application Form
- Leading the Way Commitment Checklist
- TWO Educator Referral Forms
- Health Information Form
- A copy of your Academic Transcript (this can be official or unofficial)
- If hard of hearing or deaf, complete the Survey for Students who are hard of hearing or deaf
- Personal Essay: Please write a 1 page essay describing why you would like to enroll in the Global Explorers Leading the Way program. Please include answers to the following:
 - What do you hope to learn?
 - What skills, talents and/or characteristics do you think you have that make you a good member of this team?
 - What are your leadership strengths?
 - What does being a good leader mean to you?
 - Please give one example of a leadership role you have taken.

2. I have previously applied to, but have not participated in the Leading the Way program. Please submit the following materials.

- Application Form
- Leading the Way Commitment Checklist
- Health Information Form
- A copy of your Academic Transcript (this can be official or unofficial)
- If hard of hearing or deaf, complete the Survey for Students who are hard of hearing or deaf

3. I have participated in a Leading the Way program. Please submit the following materials.

- Application Form
- Leading the Way Commitment Checklist
- Health Information Form
- If hard of hearing or deaf, complete the Survey for Students who are hard of hearing or deaf



APPLICATION FORM

Applicant Information:

Today's Date _____

How did you hear about Global Explorers? _____

Legal Name _____ Preferred Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Fax _____

Cell Phone _____ *Email Address _____

Boy/Girl (circle one) Birth Date (month/day/year) _____ Age _____

Name of School _____ Current Grade _____

Passport Number (if known) _____ T-Shirt Size (adult sizes): S M L XL XXL

Are you hard of hearing or deaf? Yes No *If yes, please fill out the Survey for Students who are hard of hearing.*

Parent/Guardian Information:

Each applicant should understand that it is their responsibility to communicate directly with the Program Coordinator. In addition, we ask that each applicant provides information for a Primary Contact whose role is to offer support to the applicant. The Primary Contact will be included on necessary email and phone correspondences that include logistical information (i.e. travel arrangements, health related topics, payment schedule).

Primary Contact _____ Relation to Applicant _____

Address (if different than applicant's) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ *Email Address _____

Employer _____

Secondary Contact _____ Relation to Applicant _____

Address (if different than applicant's) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ *Email Address _____

Employer _____

**Please note: We do most of our correspondence through e-mail, please print legibly and provide email addresses that are checked frequently.*

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LEADING THE WAY COMMITMENT CHECKLIST

Applicant Personal Commitment Checklist: *as a Global Explorers (GEx) Applicant, my initials indicate that I have given serious thought to each item and I hereby make a commitment to adhere to the statement.*

- 1. I understand that I will have to submit a sports physical to Global Explorers upon being accepted into this program.
- 2. I understand that the GEx Program requires a nine month commitment.
- 3. I understand that the GEx program emphasizes leadership, science, culture and service.
- 4. I will be a responsible, cooperative and active participant for the entire GEx Program.
- 5. I will not use alcohol or drugs or engage in sexual activity during the GEX Program.
- 6. I will complete preparatory lessons BEFORE the International Field Workshop. This will mean completing homework in addition to my school work.
- 7. I understand that as a participant in this program I will be an integral part of a team and I agree to be an active and supportive team member.
- 8. I am willing to live without such things as make-up, hair dryers and electronics (CD players, games, etc.) for the International Field Workshop.
- 9. I understand that the International Field Workshop will be very physically demanding.
- 10. I understand that AFTER the International Field Workshop, I am required to spend time implementing a Service Leadership Project in my home community.
- 11. I am committed to helping to raise money to support the cost of the GEx Program.
- 12. I understand that my right to continue participating in the GEx Program depends on my ability to maintain a positive attitude, appropriate behavior and to complete assigned tasks. Global Explorers can expel me from the program if I do not live up to my commitment.

Parent/Guardian Personal Commitment Checklist: *as a parent/guardian of a Global Explorers Applicant, my initials indicate that I have given serious thought to each item and I hereby make a commitment to adhere to the statement.*

- 1. I understand that a sports physical is required after being accepted into this program.
- 2. I understand that the GEx Program requires a nine month commitment from my student.
- 3. I understand that the GEx program emphasizes leadership, science, culture and service.
- 4. I understand that my student may have additional homework as he/she prepares for their International Field Workshop.
- 5. I understand that my student will be traveling to an international location.
- 6. I understand that though the Global Explorers International Field Workshop is very safe and has extensive safety and emergency procedures in place, there is always a small chance that my child could get sick or hurt while traveling.
- 7. I understand that I might also have to review informational materials that will help prepare my student for travel.
- 8. I understand that the GEx Experience is primarily for students. My participation will only support the group in ways that Global Explorers identifies as necessary.

Student Signature

Parent/Guardian Signature

Date



HEALTH INFORMATION FORM

Group Name: LTW 2009

Traveler Name: _____

Today's Date: _____

DIET, ALLERGIES & HISTORY	LIST DETAILS HERE	
The traveler has the following diet restrictions (if vegetarian, be specific):		
The traveler has an allergy to the following (e.g. foods, medications, insects):		
Please list any health problems (e.g. diabetes, asthma, physical condition):		
In case of illness, each of our Global Explorers Workshop Coordinators is equipped with a first aid kit complete with over-the-counter and prescription medications. If you do not grant permission for your child to receive medical treatment by our staff during his/her Global Explorers Field Workshop, please initial here _____.	Please use this space for additional comments regarding medical treatment.	
CURRENT MEDICATIONS	DOSAGES	TIMES TAKEN
ADDITIONAL QUESTIONS	CIRCLE ONE	PLEASE DESCRIBE DETAILS
The child has an allergy to bee stings or insect bites (if yes, please indicate if the child will be bringing an EpiPen and/or any other medications with him/her).	YES NO	
The child is subject to epileptic or other seizures.	YES NO	
The child has heart, respiratory or other physical conditions.	YES NO	
The child had a surgery in the past (<i>list dates</i>).	YES NO	
The child can swim.	YES NO	
The child wears glasses/contacts (<i>specify which</i>).	YES NO	
Does the child have any restrictions that would prevent him/her from participating in the program?	YES NO	

The program to which this student is applying may require serious physical activity including hiking at altitude or rafting in rivers. A sports physical may be required if the student is accepted into this program. Aside from what is listed on this sheet, I hereby certify that the child is healthy and has no major medical conditions.

Name of Physician: _____ Phys. Emergency #: _____

Health Insurance Company: _____ Policy Number: _____ Group #: _____

In the event of emergency, the person to notify is:

Name: _____ Home or Cell Phone: _____

Relationship: _____ Business Phone: _____

Applicant Signature: _____

*****Must be completed for participants under the age of 18**

Guardian/Parent Signature: _____



INFORMATIONAL SURVEY FOR STUDENTS WHO ARE DEAF OR HARD OF HEARING

This survey is intended to be completed by the applicant. Global Explorers would like learn more, in your own words, in order to give us a better understanding of your hearing ability.

Student Name:

1. What is your hearing ability?

2. If you are hard of hearing, when/where do you experience your biggest hearing difficulties?

3. Do you use any assisted hearing devices and if so, what devices and how often do you use them?

4. What is your hearing ability with this equipment? Without this equipment?

5. Do you know American Sign Language and if so, is this one of your primary means of communication?