



Student name _____ Date _____

Student email _____

Current grade _____ YOG _____ Guidance counselor _____

Student Address _____

Tel # _____ Cellular# _____

Student signature _____ Date _____

Parent/guardian name _____

Parent/guardian signature _____ Date _____

Travel Dates: FROM _____ TO _____ Destination(s): _____

Program name or host organization: _____

Program website: _____

Program description (mission and objectives): _____

How will you be challenging yourself to connect and interact directly with the culture and the people?

Check all that apply to your selected travel program:

- | | |
|---|---|
| <input type="checkbox"/> Homestay | <input type="checkbox"/> Language immersion |
| <input type="checkbox"/> Historical study | <input type="checkbox"/> Pre-departure fundraising |
| <input type="checkbox"/> Cultural study | <input type="checkbox"/> Pre-departure program requirements |
| <input type="checkbox"/> Political study | (please list): |
| <input type="checkbox"/> Economic study | |

Program approved for GEM: Yes ___ No ___ Date reviewed _____

GEM Review Committee Member signature _____

Please put this form in the GEM Review Committee mailbox in the Guidance Office