



MIKE CLARK WTAE CHIMBOTE TRAVEL SCHOLARSHIP

Application Form for Diocesan Educators and College Students

____ I understand I am applying for a grant of approximately \$1,500.00 toward travel expenses to Chimbote, Peru for the summer of 2020.

Which Mission Dates are you most interested in (Please check both if available for either)?

____ Team 7A - June 12-22, 2020

____ Team 7B - June 26-July 6, 2020

Applicant Information

Legal Name: _____
Last_ (Legal name as appears on passport)_ First_ Middle

Home Address: _____
Street Address (include Apartment/Unit #)

City State ZIP Code

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Birth Date: _____ Gender: _____ Passport (Y/N)? _____ Date of Expiration: _____

Home Parish _____ or Religious Affiliation _____

Catholic Educator Info (Catholic Educators Only)

I am an educator in a ____ Catholic School or ____ Faith Formation Program

I serve as a Principal, DRE, teacher, etc (Please explain) _____

School or Parish Name: _____

College Student Info (College Students Only):

School Name: _____

Major: _____

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

School Address: _____
Street Address (include Apartment/Unit #)

City State ZIP Code

Emergency Contact Information

Full Name: _____

Address: _____
Street Address (include Apartment/Unit #)

City State ZIP Code

Primary Phone: _____ Is this a cell number? _____

Email address: _____

Relationship: _____

Medical Information

Insurance Company: _____

Phone Number: _____

Please describe your health, including any physical or dietary limitations (please include any allergies relating to food, medicine, environment, insects, etc.):

Are you able to walk at least two miles? ____ Yes? ____ No?

Are you able to carry your own bags? ____ Yes? ____ No?

If no, please explain:

Background Information

2 References: (Parish Priest, Religious Affiliation, College Campus Staff, Ministry Associations, etc.)

- **Reference 1:**

- Name: _____
- Relationship/Position: _____
- Contact Information: _____

- **Reference 2:**

- Name: _____
- Relationship/Position: _____
- Contact Information: _____

(College Students) Are you involved in college campus ministry? _____ Yes? _____ No?

If yes, which ministries and for how long?

I acknowledge and will adhere to the following policies listed on this waiver:

- No one will be considered or accepted as a team member until a completed application is received. The Chimbote Foundation reserves the right to deny acceptance to any person for any reason.
- By submitting this application to be a part of a summer mission trip to Chimbote, you acknowledge that you are personally responsible to pay for, or arrange funding for any portion of the trip costs that exceed the scholarship award of \$1,500.
- A member of Diocesan Mission Office will provide information regarding passports and vaccination recommendations for the Department of Health, however it is your personal responsibility to obtain all documentation and medical services needed for the trip. Passport and vaccination costs are the responsibility of each mission partner.
- Upon request, you agree to obtain a letter from a physician or other licensed professional who is providing care to you stating that you do not have a medical condition or are on medications that would put you at an increased risk and that you will be able to participate without any special assistance.
- Short-term mission trips can be rewarding and life changing; however, they can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.
- Once accepted, mission partners are expected to attend (in person or via technology) all team meetings.
- Once accepted, mission partners are expected to complete all necessary clearances to be approved for the mission experience.
- If you are unable to participate in your trip, the Diocesan Mission Office must receive cancellation notice as soon as possible. You will be responsible for all trip costs incurred up to that date.
- Team members assume responsibility for their personal belongings on the trip. The Diocesan Mission Office will not reimburse team members for personal item that or lost, stolen or confiscated during the trip.

Applicant's signature

Date

*Please review and sign the attached waiver, release and Indemnity agreement.
This waiver must be signed and submitted with application.*

Completed application should be submitted directly
to Deacon Rick Tucek at rtucek@diopitt.org.