

APPLICATION INSTRUCTIONS

OFFICIAL TRANSCRIPTS

An official copy of your high school record is required.

PROGRAM APPLICATION FEE

Attached is an application deposit of \$500.00 that is completely refundable (up to 120 days before departure) except for a \$100 processing fee.

OR

I have paid my deposit through your Pay pal account (ref # _____)

NOTIFICATION OF ACCEPTANCE

You will be notified of acceptance into the program by Stellaris CSA after your application has been reviewed. At that time you will receive detailed information regarding travel arrangements, orientation, payments, passport and visa requirements, health forms, and other essential details.

QUESTIONS?

If you have specific questions about individual Stellaris Christian Study Abroad programs, visit our FAQ pages on our website for each program at www.StellarisStudy.com or contact us at trheidt@comcast.net or by phone at (770)241-5852

STELLARIS CHRISTIAN STUDY ABROAD APPLICATION

Please type or print the information neatly on this form. Make sure to include the country and date of the program for which you are applying. Attach two passport size photos (signed on the back) to the top of the first page. If you are applying for more than one program, please fill out a separate application for each program.

APPLICANT'S STATEMENT OF PURPOSE

On page 2 of the Study Abroad Application, we ask that you write a statement of purpose for your proposed program of study and how it will be related to your personal/spiritual growth and future goals. Please include the statement with the application.

CONFIDENTIAL REFERENCE FORMS

Please include two Confidential References. The forms should be filled out by a teacher, advisor, or church/scout troop leader who is able to comment on your motivation, commitment to projects, and suitability for living and studying abroad. You may include one personal reference.

BE SURE TO PROVIDE EACH EVALUATOR WITH A STAMPED, ADDRESSED ENVELOPE. PLEASE NOTE THE ADDRESS OF OUR OFFICE: STELLARIS CSA, 230 WENTWORTH DRIVE, CANTON, GA 30114

**Included below are the application and confidential reference forms. Please submit the materials listed below, and any additional forms and materials to:
Stellaris Christian Study Abroad, 230 Wentworth Drive, Canton, GA 30114**

STELLARIS CHRISTIAN STUDY ABROAD APPLICATION

I. PROGRAM TO WHICH YOU ARE APPLYING: _____

Country

Departure Date

Applicant's Last Name

First Name

Middle Initial

Date of Birth

Sex (M/F)

City/State/Country of Birth

Social Security #

Current Citizenship Passport #

PERMANENT MAILING ADDRESS:

Street Number/ Box/Apt. #

City

State

Zip Code

Country

Telephone Number

Cell Phone Number

Email Address

PARENTS/LEGAL GUARDIAN INFORMATION:

Last Name

First Name

Relationship

Street Number/ Box/Apt. #

City

State

Zip Code

Country

Telephone Number

Cell Phone Number

Email Address

Second Parent/Legal Guardian Last Name

First Name

Relationship

Street Number/ Box/Apt. # (If different from above)

City

State

Zip Code

Country

Telephone Number

Cell Phone Number

Email Address

EMERGENCY CONTACT INFORMATION (In the event that parents/legal guardians cannot be reached):

Last Name

First Name

Relationship

Street Number/ Box/Apt. #

City

State

Zip Code

Country

Telephone Number

Cell Phone Number

Email Address

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III. ACADEMIC INFORMATION

CURRENT ACADEMIC STATUS (circle appropriate level):

Eighth Grade **High School Freshman** **Sophomore** **Junior** **Senior** **Recent Graduate**

HIGH SCHOOLS ATTENDED:

Name of Institution

Dates (from/to)

**Semester/Quarter credits
GPA (please indicate which)**

- 1.
- 2.
- 3.

Academic Advisor's Name

Telephone Number

FOREIGN LANGUAGE STUDY:

Although knowledge of a foreign language is not required, you may find it helpful in lessening the stress of foreign study. Please list language courses you will have taken prior to the beginning of the program that would be of value in preparing you for overseas study.

Title

Date Taken

Grade

- 1.
- 2.
- 3.
- 4.

IV. APPLICANT'S STATEMENT OF PURPOSE:

On a separate sheet of paper, write a concise statement of your proposed program of study. Describe the personal/spiritual benefits you expect to receive from the program, and how you will incorporate this program into your future goals. Include any additional information that may be useful in evaluating your candidacy, including study, travel, or residence in other countries.

This statement is required of all applicants and must be submitted with application.

VI. STELLARIS CSA INFORMATION SOURCE:

How did you first hear about the Stellaris Christian Study Abroad programs? Please specify reference source, if possible. This information assists future recruitment efforts. _____

I, the undersigned, acknowledge that I have read the Stellaris Christian Study Abroad Application and that all statements are correct to the best of my knowledge. In addition, I, the applicant, authorize the release of my transcript(s) and recommendations to Stellaris Christian Study Abroad for the program for which I have applied.

Applicant's Signature

Date

Parent/Guardian's Signature
(Required if applicant is under 18)

Date

_____ Check here if you do not wish to have your name and address released to other program participants.

Stellaris Christian Study Abroad does not discriminate on the basis of sex, race, color, handicap, or ethnic/national origin in its study abroad programs, including admission and enrollment in these programs.

STELLARIS CHRISTIAN STUDY ABROAD APPLICATION: CONFIDENTIAL REFERENCE FORM

Part I. To be completed by the applicant.

Name of Applicant _____ **Date of Request** _____

Stellaris Christian Study Abroad Program: _____
Country **Departure Date**

Evaluator's Full Name _____ **Position** _____ **Deadline for Request** _____

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below:

Applicant's Signature _____ **Date** _____

BE SURE TO PROVIDE THE EVALUATOR WITH A STAMPED, ADDRESSED ENVELOPE. PLEASE NOTE THE ADDRESS OF OUR OFFICE: STELLARIS CSA, 230 WENTWORTH DRIVE, CANTON, GA 30114

Part II. To be completed by the evaluator.

The above-mentioned applicant is applying for the Stellaris Christian Study Abroad program designated above. We would appreciate your assessment of the applicant's attributes with which you are familiar. Please return this form in the stamped, addressed envelope provided to you by the applicant.

1. Basis and extent of your acquaintance with the applicant.

2. Please indicate the applicant's academic attributes. You may elaborate in the comments section if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Competence in academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please evaluate the applicant's suitability for program participation. You may elaborate below as necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, academically, spiritually and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet, if necessary.)

5. Additional comments:

Evaluator's Signature

Date

Print Name

Position/Title

Telephone Number

Office Address