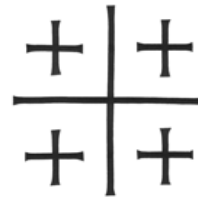


Fall Biblical Study and Travel Programs

The Application Process



Part A: Greece and Turkey – August 15 – 31, 2010

Part B: Middle East (Israel) - August 30 – October 6, 2010

Part C: Egypt and Jordan - October 5 - 20, 2010

There are two points that we want to make about the information we are seeking from you.

First, 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. 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 April 30, 2011) You may apply for the program before you have your passport, but you must have a valid passport *before* beginning the program.

Obtaining visas from the countries we will visit is the responsibility of the participants. U.S. citizens will not need to acquire any visas before leaving though citizens of other countries may need to secure a visa for some countries. Please contact the Greek, Turkish, Israeli, Egyptian and Jordanian embassies or consulates for information. Requests for visas can take up to 60 days to process the necessary paperwork. Make sure you've allotted enough time to do this. Also, if you are a citizen from a country other than the US and you intend to return to the US after this trip, make sure your visa for the US won't have expired before your return date! **Very important note:** make sure **your visa to Israel is a "multiple entry" visa** and also **make sure it will not expire before the end** of the trip!!!!

Second, since CTU is a graduate school of theology and ministry, those who participate in any programs that offer academic credit have to meet the usual standards for admittance into our institution. The basic requirement for admittance is an undergraduate degree or its equivalent. That is the reason we are asking for transcripts from all post-secondary school study. This is required of us by accrediting agencies. (Current or past CTU students are not required to submit transcripts.) It is also helpful for us to know of any continuing educational experiences you have had in biblical studies. This provides a profile of our participants that faculty find helpful. Contact the registrars of all undergraduate and graduate schools that you have attended and have them send transcripts to the Director of the Israel Study Program at CTU. Note that we are not permitted to accept photocopies or facsimiles of these transcripts that you may have. Transcripts are required for all participants in the Fall Program and the Biblical Spirituality Program.

For those who are not current/past CTU students, you will also need to submit a letter of recommendation. Details concerning this can be found later in the application.

All participants will be receiving academic credit towards either a degree program or as continuing education. This means that all participants will be responsible for some sort of accountability for their participation. That accountability will be determined in conversation with the CTU professor who is directing the trip(s).

Some participants for whom formal academic work is a distant memory may feel uneasy about attending classes again. All our participants are adult learners and the faculty has extensive experience dealing with such students. Invariably, our participants who have been "out of the classroom" for a long time find the return to the classroom to be stimulating, engaging and very rewarding.

In late April or early May, a Program Manual will be sent to you with more details about the Program such as a calendar, your courses and required and recommended textbooks, what clothing to bring, a suggested amount of spending money, etc.

Tasks:

1. Fill out the attached application and submit the \$500.00 deposit with your application. Note that \$100.00 of the deposit is non-refundable should you cancel. You may choose to charge the deposit to your credit card if you choose. Reservations will be confirmed upon receipt of the deposit. You will be billed for the remainder.
2. Complete and return as soon as possible as much of the application that you can fill out. The Passport information is especially important for making hotel and flight reservations.
3. Have your doctor complete and return the **Doctor's Approval Form** (p. 11) **by May 1, 2010.**
4. Send two (2) passport or passport size photos of yourself to Sallie **by May 1, 2010.** Please put your name on the back of the photos. These photos will be used for your International Student ID Card and a photo book that you will receive.
5. Write a brief introduction of yourself (100 words or less) and email (if possible) to Sallie **by May 1, 2010.** Otherwise please send it via regular mail.



BIBLICAL STUDY AND TRAVEL PROGRAMS
Catholic Theological Union
5401 S. Cornell Ave.
Chicago, IL 60615
773.371.5436

Application Form

Please indicate the trip or trips for which you are applying. Check one, two or all three boxes to indicate on which trip(s) you will be going.

- Part A: Greece and Turkey – August 15 – 31, 2010*
- Part B: Middle East (Israel) - August 30 – October 6, 2010*
- Part C: Egypt and Jordan - October 5 - 20, 2010*

Please print all information

1. Name (Please print your name as it appears on your Passport)

Last _____ First _____ Middle _____

2. Mailing Address

Street _____

City _____ State/Province _____ Postal Code _____

Country _____

(If you change your address or phone number any time before April 30, 2011, please notify Sallie Latkovich, C.S.J., Director of the Biblical Study and Travel Office at CTU – CTUTravel@ctu.edu)

3. E-mail address _____

4. Telephone and Fax Numbers

Day _____ (____) _____ Evening _____ (____) _____

Fax _____ (____) _____
(Please include the country code if numbers are not in the US.)

5. [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 (name, address, phone number and email address) ...otherwise, please leave these lines blank]

6. Passport Information

Issuing Country_____

Passport Number_____

[Please carefully note the way the dates below need to be configured.]

Birthdate (DD/MM/YYYY)_____

Date of Issue (DD/MM/YYYY)_____

Expiration Date (DD//MM/YYYY)_____

Reminder: If you do not have a Passport or if your Passport will expire before April 30, 2011 please apply for or renew your Passport at your earliest convenience. After receiving your Passport, please send the above information to Sallie Latkovich at CTU.

7. Travel Plans

_____ I plan to travel to and from the trip on the group flights (From Chicago back to Chicago)

_____ I plan to make my own travel arrangements.

Note: If you are making your own travel arrangements, please check with Barbara Latkovich about possibilities for meeting up with the group.

8. Travel Experience

_____ I have never traveled outside my home country.

_____ I have participated in other travel and/or study programs to the lands of the Bible.

[Please provide a brief description of the program(s).]

_____ I have traveled to the following other countries:

9. Accommodations

While in Jerusalem (site of ancient Bethany) we will have single rooms. When on trips to Greece, Turkey, the Galilee and Negev in Israel, Egypt and Jordan, there is double occupancy (single occupancy only when possible and when the participant has paid for the single supplement...see #10).

Do you already have a roommate for these trips? If so, who? _____

If not, roommates will be assigned. To help make compatibility more likely, please answer the following questions:

Do you smoke? Yes No

Do you snore? Yes No

Are you a "night owl"? Yes No

Are you an early riser? Yes No How early? _____

10. Single Supplement

Do you wish to have a single room on the trips named above?

_____ I request a single room and understand it is an additional fee of up to \$1,900.

(Part A - \$650; Part B - \$700, Part C - \$550)

_____ I am not requesting a single room

11. My 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 that identify my congregation are: _____

_____ I am a member of the diocesan clergy: Diocese _____

(_____ Seminarian.....Year of Ordination _____)

12. Letter of Recommendation

Current CTU students do not have to request a Letter of Recommendation. All others do.

I have requested a Letter of Recommendation from _____

Please give that person the two-page form for that purpose that is included at the end of this application (p. 10).

13. Medical and Emergency Contact Information

Please fill out and return the **Medical and Emergency Contact Information Form – Fall Program** .

Also...please have your doctor complete the **Doctor’s Approval Form** that is also included near the end of this application (p. 9). He/She needs to return it to Sallie Latkovich at CTU. It can be sent through regular mail or faxed but not emailed.

14. My Educational Background (Current CTU students may omit this section)

Please list all post-secondary schools attended: (Please have registrars send *official* transcripts if you are applying for the Fall Program or the Program in Biblical Spirituality.)

School	Degree	Major(s)	Dates Attended

15. My Interest in Biblical Studies

Please provide a brief description of your education in biblical studies (credit and continuing education).

What are you looking for from the CTU Study and Travel Programs in terms of your continuing education in biblical studies?

16. Certificate in Biblical Spirituality

I am also applying for the Certificate Program in Biblical Spirituality Yes____No_____

Note: This program requires an additional semester of study in the Scriptures and Spirituality at CTU.

17. Academic Credit

____I wish to apply for the twelve graduate credits being offered for this trip.

____I do not wish to pursue academic credit.

(If you are applying for academic credit, and if you are not a current or past CTU student, you will need to request official transcripts of your grades from every post-secondary educational institution that you have attended.)

Final Reminders

1. If you do not have a Passport that is valid for at least six months after your return from Israel (April 30, 2011), please apply for one as soon as possible and send the information requested in # 7 on p. 3 to Sallie Latkovich at CTU.
2. If you are **not** a CTU student, we will need *official* transcripts from all post-secondary schools which you attended. Please have them sent to Sallie Latkovich at CTU. Note that we are not permitted to accept photocopies or facsimiles of these transcripts.
3. Please send this completed form and your \$500 deposit 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
E-Mail: CTUTravel@ctu.edu

[It is acceptable to email this application with the provision that the signed original of p. 8 will be sent to Sallie via regular mail. Don't forget to send the \$500 deposit as well !!!!

Make checks payable to Catholic Theological Union . Note that \$100 of this deposit is non-refundable. The entire deposit will be deducted from the total cost of the program.

If you wish to pay by credit card, please call Linda Nagdeman at CTU's Business Office: 773.371.5407. If she is not available, please contact Joyce O'Connor at: 773.371.5408].



Biblical Study and Travel Programs

Catholic Theological Union
5401 S. Cornell Ave.
Chicago, IL 60615
773.371.5436

Medical and Emergency Contact Information—Fall Program

Applicant's Name: _____

Please provide the following information for use in case of a medical emergency:

Physician's Name and/or medical facility _____

Telephone: _____ (____) _____ Fax: _____ (____) _____
(Please include the country code if number is not in the US.)

Medical insurance: Company name: _____ Policy number _____

Telephone: _____ (____) _____ Fax: _____ (____) _____
(Please include the country code if number is not in the US.)

Emergency Contact: In case of emergency, please contact

Name _____ Relationship _____

Address _____

City, State, Zip Code _____

E-mail address _____

Telephone _____ (____) _____ (Day) _____ (____) _____ (Evening)
(Please include the country code if number is not in the US.)

~~~~~

If you are a member of a religious congregation, please supply the following information.

Major Superior: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Postal Code \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Please include the country code if number is not in the US.)

Please list medications (including over the counter medicines) you are currently taking and the condition for which this medication is required.

| Medication | Condition |
|------------|-----------|
|            |           |
|            |           |
|            |           |
|            |           |

What, if any, physical limitations do you have?

Do you have any special dietary needs?

**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. I also realize this is an academically-oriented program and so intend to attend all the classes and be present on all field trips regardless of whether or not I am taking all the courses for credit.

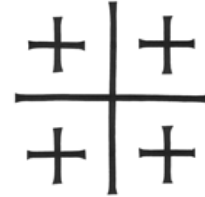
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(Your signature)



## Biblical Study and Travel Programs

Catholic Theological Union  
5401 S. Cornell Ave.  
Chicago, IL 60615  
773.371.5436



### Doctor's Approval Form

Dear Doctor:

The person named below has applied for the Fall Biblical Study and Travel Program sponsored by Catholic Theological Union at Chicago. This is a ten-week program of study and travel in Greece, Turkey, Israel, the Palestinian Authority, Jordan and Egypt. Some aspects of this program are physically demanding because of the amount of walking over uneven terrain in a hot and arid climate that is required on some days. Good general health is a fundamental requirement for participation. Coronary or respiratory problems, severe allergies, or problems with walking could be aggravated by the physical expectations of this program. It is difficult for participants to maintain special diets. Because of the adjustments that need to be made to community living in an unfamiliar culture, the applicant should have the emotional and psychological strength to make the necessary adaptations. Chronic psychological problems will only be exacerbated because of the adjustments that are typically required of participants.

After examining the applicant, please advise us of his or her suitability for our program. This statement is for the information of the program and will not in any way hold you legally liable for the applicant's acceptance into the program or for any injury or illness that might occur during the program. Thank you for your help.

Sincerely,

Sallie Latkovich, CSJ  
Director  
CTU Biblical Study and Travel Programs

Name of the applicant \_\_\_\_\_

(circle one) is is not in good general health for the travel program as described above.

Is there a physical condition of this applicant and/or medication taken by this applicant that the Program Director should be aware of (e.g. epilepsy, seizures, diabetes, cancer, a psychological/affective disorder)? If yes, please explain below.

Physician's Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax the completed form to:

Sallie Latkovich, CSJ  
Catholic Theological Union  
5401 S. Cornell Ave.  
Chicago, IL 60615  
Office Phone: 773.371.5436  
FAX 773-324-4360

**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 Catholic Theological Union's Fall Israel Study Program. This is a ten-week program of biblical study and travel in Greece, Turkey, Jordan, Egypt and Israel. It involves adjustment to a foreign culture and to community living, participation in biblical classes and lectures, as well as visits to many archaeological sites. The participant must have an interest in serious study of Scripture and archaeology, 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 (add pages if necessary).

Do you have any concerns about this person?

I verify that the information given above 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  
E-Mail: CTUTravel@ctu.edu