Dear Suffolk Student,

Thanks for your interest in this year’s Alternative Winter Break (AWB)! Suffolk University’s Alternative Winter Break (AWB) program is designed to offer students the opportunity to engage in an extremely interactive and meaningful service trip throughout winter break. This year we will be traveling to El Salvador.

**Here is some specific information about the AWB trip being offered:**

The Salvadoran Civil War was predominantly fought between the government of El Salvador against a coalition of four leftist parties and one Communist party known as the Farabundo Martí National Liberation Front (FMLN) between 1980 and 1992. The United States supported the right-wing government. In total the civil war killed 75,000 people, left 8,000 more missing and one million homeless with another million exiled. Fifteen years later the country still is divided and trying to recover from that dark era in their history.

The main purpose of the delegation is to "SERVE AND LEARN". You will learn about El Salvador by participating in presentations of various topics pertaining to its past, present and future. As a part of the trip you will not only learn about the important moments of El Salvador’s civil war, but we will also partner with an organization to do service with manual labor to either help build homes for families, or help in improving the community. As AWB participants, you have an obligation to the community you will be living with, to come prepared – mentally, physically, and emotionally.

**Requirements**

All participants must attend the three monthly meetings along with lecture dates. The meeting dates are as follows:

- October 1-2 AWB Overnight Service Retreat
- November 5th Class Lecture @ 5-7pm
- November 6th General Meeting, 9-3pm
- December 4th Pre Departure Meeting, 9-3pm
- December 3rd Class Lecture @ 5-7pm
- January 2-16, 2011: Trip to El Salvador

Each student is expected to participate in all meetings, as well as fundraising activities.

**Money**

The total cost of the trip will be $1,500. Our hope is to fundraise as much as possible to lower the cost down. The $1,500 will include transportation, meals, and accommodations.

Money will be paid in three payment series:

- 1st Deposit: Due May 3rd $300
- 2nd Deposit Due October 1st $600
- 3rd Deposit Due December 3rd $600 (subject to change)
Course Information
A class will be offered during the fall that will provide course credit HST-508-A “A Study Trip to El Salvador”. This course will examine the history of El Salvador through readings, discussion, film, and most importantly, a fortnight in the Central American nation. Our goal is to explore how events ranging from the Spanish conquest of the sixteenth century, the nineteenth century indigenous uprising against land concentration, and the bloody and divisive civil war of the 1980s shaped today’s El Salvador.

Deadline
Applications are due on March 25th by 5p.m. They could be accepted via e-mail at deb.searfoss@gmail.com or can be dropped off at the S.O.U.L.S. office, Donahue 209.

AWB is perfect for any upperclassman student who is familiar with the Spanish language, and is willing to contribute two weeks out of their life to focus on a community that needs their help. We want someone who isn’t afraid to get their hands dirty and jump into the trenches, someone who is looking to have fun and make a difference. If you feel you are right for the job, continue on to fill out the attached application. (Trip dates January 2nd – 16th). If you have any questions please feel free to contact me.

Sincerely,

Deborah Searfoss
AWB Student Leader
S.O.U.L.S. Community Service and Service Learning Center
Deb.searfoss@gmail.com
APPLICATION CHECKLIST

☐ APPLICATION Complete all sections and remember to sign the application

☐ STATEMENT OF PURPOSE (see questions on page 3)

☐ RECOMMENDATION FORM Must be completed by a professor (page 4).

☐ PARTICIPATION AND INDEMNIFICATION AGREEMENT Complete all sections and sign (pages 5–7).

☐ PARTICIPATION AGREEMENT FORM (p. 8)

☐ INTERNATIONAL TRAVEL HEALTH INSURANCE LETTER Please contact your health insurance provider/company to verify that you will be covered while traveling overseas. A letter from your insurance company must be submitted stating the areas in which you are covered. If your health insurance provider/company does not cover international travel health insurance, please contact the Office of Study Abroad Programs immediately to obtain information on private providers to purchase while traveling.

☐ COPY OF INSURANCE CARD (FRONT AND BACK)

☐ TWO COPIES OF YOUR PASSPORT
1. **Full Legal Name**

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<tr>
<th>LAST (FAMILY)</th>
<th>FIRST</th>
<th>MIDDLE INITIAL</th>
<th>BIRTHNAME (MAIDEN)</th>
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2. **Permanent Address**

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3. **Current Mailing Address** *(IF DIFFERENT FROM ABOVE)*

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4. **Email** *(SUFFOLK ADDRESS)* ____________________________ *(PERSONAL ADDRESS)* ____________________________

5. **Phone** *(DAY)* ____________________________ *(EVENING)* ____________________________

6. **Social Security Number** ____________________________ 7. **Date of Birth** ____/____/_____ 8. **Sex** □ Male □ Female

9. **City/Town of Birth** ____________________________ 10. **Country of Birth** ____________________________

11. **Citizenship** ____________________________ 12. **Permanent Resident of** *(Country)* ____________________________

13. **Passport Number** ____________________________ **Issuing Country** ____________________________

14. **Contacts in the event of an Emergency:**

| 1st Contact Name: ____________________________ | 2nd Contact Name: ____________________________ |
| Relationship to you: ____________________________ | Relationship to you: ____________________________ |
| Daytime phone: ____________________________ | Daytime phone: ____________________________ |
| Evening phone: ____________________________ | Evening phone: ____________________________ |
| Cell phone: ____________________________ | Cell phone: ____________________________ |
| Email: ____________________________ | Email: ____________________________ |

15. Do you have any dietary restrictions (vegan, vegetarian, allergies).

16. Please list any allergies you may have:

17. Are you taking any medications that we need to know about?

18. Do you speak Spanish? *(Circle one)*

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<th>A little I can communicate</th>
<th>Fluent</th>
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Office of Study Abroad Programs  
8 Ashburton Place  
Boston, MA 02108-2770  
www.suffolk.edu/studyabroad

**SUFFOLK UNIVERSITY**  
**BOSTON | MADRID | DAKAR**

---

Name ____________________________  
Suffolk University ID Number ____________________________
19. Program Information:
Year: □Freshman □Sophomore □Junior □Senior
□Graduate–level

Credits completed _______________________________________
Cumulative GPA (must disclose) ___________________________
Major _________________________________________________
Minor _________________________________________________
Projected Graduation Date ________________________________

20. Please drop off all applications to:

S.O.U.L.S.
Donahue Building
2nd Floor Room 209
or Fax to 617-305 6364

21. How did you learn about the Alternate Winter Break Program?

______________________________________________________
______________________________________________________
______________________________________________________

22. Statement of Purpose
Please attach a separate typed page of the essay questions from the following page.

23. Parent/Guardian Information

a. □Father □Guardian □Living □Deceased

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Home telephone ______________________________
Work telephone ______________________________
Other _______________________________________
Fax _________________________________________

b. □Mother □Guardian □Living □Deceased

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Home telephone ______________________________
Work telephone ______________________________
Other _______________________________________
Fax _________________________________________

Agreement/Applicant’s Signature
I accept responsibility that the information on this application is complete and accurate. I understand that falsification or omission of information could result in disqualification. My signature below certifies that during my enrollment in a study abroad program, I understand I am still responsible for meeting all applicable deadlines at my home institution (i.e., financial aid, tuition payment, graduation, etc.). I further understand that by signing this document it is a legal document and if accepted into the program I cannot withdrawal from it.

X ________________________________
APPLICANT’S SIGNATURE DATE
Statement of Purpose Questions

Please answer the following questions on a separate piece of paper and attach to the application. Please be thoughtful and keep answers to 1 page single space.

1. Please describe why an Alternative Winter Break trip to help the Salvadoran community is important for you? What do you intend to gain from AWB and what are you most excited for?

2. One of the goals of AWB is to expose students to a diverse range of situations and people to create a better understanding of social needs in our global community. Please share a time when you have experienced a diverse environment that has had an impact on you.

3. What do you think the role of the United States should be in world politics? If you were Secretary of State during the 80s and 90s, what would you have done differently in El Salvador? What would have been your foreign policy strategy?

4. Have you ever been to Latin America or other countries outside of the United States before? If so, when, where and in what capacity?

5. Do you have any experience working or living in impoverished communities? If so, please explain
Study Abroad Program of Interest:  

Recommendation information to be completed by the evaluator.

EVALUATOR'S NAME

STREET ADDRESS

TOWN/CITY STATE ZIP CODE COUNTRY

Home telephone

Work telephone

Fax

Email

X. 

EVALUATOR'S SIGNATURE DATE

da. Please provide a brief statement about the student that addresses the student's strengths and weaknesses as they relate to the proposed off campus study experience. For example, please evaluate the student’s ability to tolerate differing viewpoints, motivation, personal maturity, emotional stability, ability to cope with difficulties, and leadership skills. Include your recommendation and any other information that you feel would be relevant to the application.

b. How long have you known the applicant?

c. Please describe the applicant as a student:

☐ Excellent
☐ Above average
☐ Average
☐ Below average
☐ Insufficient record to judge

d. Please provide a brief statement about the student that addresses the student's strengths and weaknesses as they relate to the proposed off campus study experience. For example, please evaluate the student’s ability to tolerate differing viewpoints, motivation, personal maturity, emotional stability, ability to cope with difficulties, and leadership skills. Include your recommendation and any other information that you feel would be relevant to the application.
ALL APPLICANTS MUST COMPLETE THIS FORM

Suffolk University offers its students the opportunity to participate in a number of programs of study in other countries. Some of these study abroad programs are offered through Suffolk University facilities and others are provided through the facilities of foreign universities. Any student wishing to participate in study abroad must take into consideration the risks involved in doing so. It is neither physically possible nor economically feasible for Suffolk University to act as the guarantor of the safety of students studying in countries far away from Boston and in institutions unrelated to Suffolk. Therefore, Suffolk University can only make study abroad programs available to students who expressly agree to accept responsibility for their safety while studying abroad.

Submission of this document with all required signatures is an essential part of demonstrating eligibility to participate in the study abroad program and serves three important purposes. The first is confirmation that the student whose parents/guardians sign the form is permitted to take part in a study abroad program. The second purpose is to state the agreement of the student’s family and Suffolk University as to the allocation of the risks of 1) the student’s travel to and in the city and country where he/she will be studying; 2) living away from home during the period of study abroad in an unfamiliar location; and 3) participating in the activities that make up the particular study abroad program in which the student will be enrolled. The third purpose is confirmation that Suffolk University and the institution the student will be attending have parental authorization to obtain emergency medical care for the student, should it become necessary during the course of the study abroad program. Please read the language of these three provisions carefully and do not hesitate to call the director of S.O.U.L.S. at Suffolk University, Carolina Garcia, at 617.573.6306 if you have questions. It will not be possible for a student to participate in a study abroad program unless this form is returned with appropriate signatures.

Students considering participation in study abroad programs should be aware that Suffolk University cannot guarantee that all advertised offerings will be available as described or without alterations and that, between the printing of a catalog or brochure describing a program and a date of enrollment, foreign universities may make unannounced changes in course offerings and prices, and/or foreign affairs considerations may require cancellation of a program. Suffolk University must therefore retain the right to alter the content of and fees for study abroad programs without notice.

1. Parental Permission To Participate
As a custodial parent/guardian of (please print student’s name)

I have given her/him my permission to participate in the Suffolk University study abroad program at (please print name of foreign/host institution)

Before signing this permission form, I had the opportunity to satisfy myself as to the adequacy and safety of the arrangements for the study abroad program at the host institution. I am familiar with the mental and physical health of my child/ward and his/her ability to travel to unfamiliar places and be exposed to people of different ethnic, cultural, and linguistic backgrounds. My permission for my child/ward to participate is based upon my belief that she/he has the maturity and self-confidence to be able to respond appropriately to the challenges that he/she will encounter during the study abroad program, as they have been described in the printed materials that I have been given.

x____________________________________________ SIGNATURE OF PARENT/GUARDIAN OR SPOUSE

DATE

PRINT FULL NAME OF PARENT/GUARDIAN OR SPOUSE

In consideration of Suffolk University’s willingness to allow me to participate in a study abroad program, I agree to comply with the rules for student conduct and good citizenship established by Suffolk University and the foreign institution I will be attending. I understand that failure to do so can lead to disciplinary sanctions, including required withdrawal from the program. I also understand that I will bear the financial cost of any such disciplinary sanctions, including lost tuition and repatriation.

x____________________________________________ SIGNATURE OF STUDENT

DATE
2. Risk Sharing And Indemnification Agreement

I/We recognize that there are risks to a student’s person and property involved in air travel, surface transport, and in staying in hotels, hostels, dormitories, and private homes in an unfamiliar foreign country. I/We also understand that Suffolk University could not afford to offer a broad range of study abroad programs if it was required to bear the sole financial responsibility for those risks. Therefore, in order to induce Suffolk University to make the program available to me/my child/ward, I/we agree to share the risk of loss arising from injury to me/my child/ward and/or my/her/his property with Suffolk University by entering into this indemnification agreement in which I/we accept responsibility for all losses, except those caused exclusively by the negligence of Suffolk University and/or its agents.

I/We have reviewed the plans for the program and recognize that use of regularly scheduled airlines to provide transportation between our home and foreign countries involves risks to person and property, which may include serious injury and death, and I/we agree to accept those risks. From my/our review of the plans for the program, I/we am/are aware that I/my child/ward will also be exposed to the risks of surface travel in cars, trains, taxis, and buses while participating in the program, and I/we accept the responsibility for those risks. I/We have reviewed the arrangements for the program and understand that I/my child/ward will be staying in various kinds of public accommodations with other students from the host country and other countries, and I/we accept the risk that injury may occur to me/my child/ward, while living in those accommodations. I/We have also reviewed the description of the academic and extracurricular programs that will take place during the program and recognize that attending classes and student activities and sightseeing in foreign countries will expose me/my child/ward to the risks inherent in those activities, and I am/we are willing to accept responsibility for those risks.

I/We understand that participants in the program will be exposed to foreign countries with different standards, laws, and customs, with which participants will be expected to conform, even if very different from conditions in the United States. I/We understand that neither Suffolk University nor the host will provide or be responsible for the cost of criminal or civil legal proceedings, fines, or representation by an attorney.

I/We confirm to Suffolk University and the host institution our acceptance of the obligation to pay for any medical treatment that the student may require while participating in the program and also confirm that I/we have obtained all the insurance to cover medical costs, including evacuation to the United States, that I/we feel is necessary and appropriate.

On the basis of my review of the plans for the program, and to induce Suffolk University and the host institution to allow me/my child/ward to participate in the program, I, (please print the student’s name) ___________________________________________________, and for myself and my heirs, successors and assigns, and I, in my capacity as parent/ward of the student just named, agree to indemnify Suffolk University and the host institution and their trustees, governing bodies, officers, employees, and agents (the “Indemnitees”) for any sums of money for which the Indemnitees may become liable as a result of any claim, suit, or cause of action that I or my heirs, legal representatives, successors, and assigns, or I as representative of my child/ward may have, now or in the future, arising out of my/my child/ward’s participation in the program, unless the claim, suit, or cause of action arises solely and exclusively from the negligence of the Indemnitees, which I have not waived or released by signing this form.

I/We have read all of this Parental Risk Sharing and Indemnification Agreement, and I/we have satisfied myself/ourselves that I/we understand what it means.

X. ____________________________
SIGNATURE OF STUDENT

DATE

PLEASE PRINT FULL NAME OF STUDENT

X. ____________________________
SIGNATURE OF PARENT/GUARDIAN OR SPOUSE

DATE

PLEASE PRINT FULL NAME OF PARENT/GUARDIAN OR SPOUSE
3. Medical Treatment Authorization
As the parent/guardian of (please print the name of the student)
__________________________________________________,
a student participating in the program, I authorize physicians
employed by Suffolk University and/or the host institution or
engaged by Suffolk University and/or the host institution to
provide medical care to my child/ward while he/she is away from
home and participating in the program, including examining,
treating, and prescribing medications for her/his care. I
understand that Suffolk University and/or the host institution
will, to the greatest extent possible, consult with me concerning
the reasons for and effects of all such care. Recognizing that it
may be impossible to reach me in situations in which the
physicians treating my child/ward believe that beginning
treatment is medically necessary, I authorize Suffolk University
and/or the host institution to commence treatment when, in the
professional judgment of the physicians involved, such
treatment is medically necessary, even if I have not yet been
consulted. In authorizing such emergency treatment, I agree to
accept the determination of the treating physician or surgeon
that the treatment or examination rendered was medically
necessary to protect the life, health, or mental well-being of my
child/ward. I give this authorization on the condition that the
treating physician will attempt to contact me, if at all possible,
before the treatment or examination is rendered.

___________________________________________________
SIGNATURE OF PARENT/GUARDIAN OR SPOUSE
_______________________________________________________________________________________
DATE
_______________________________________________________________________________________
PLEASE PRINT FULL NAME OF PARENT/GUARDIAN OR SPOUSE

Medical/Contact Information
My child/ward is entitled to medical insurance benefits under
our policy with (please print the name of your medical
insurer/HMO)
_________________________________________________.

Our policy is number (please provide the number of the
medical insurance policy)
_________________________________________________.

*It is very important to provide S.O.U.L.S. Office with emergency
contact information and any important medical information. It is
the only means we have to provide you with up-to-date
information regarding your son or daughter in case of an
emergency.
In order to attend **Alternative Winter Break on January 2 – 16, 2011**, I _________________________________ hereby agree to the following terms and conditions of participation:

1. I understand that my participation in the Program is contingent upon my being enrolled as a student at Suffolk University and in good academic standing at the time of my departure.
2. I understand that the airfare is non-refundable. If I am unable to attend this program, I will be held liable for the cost of the airfare.
3. I understand that Suffolk University assumes no responsibilities for my personal property and/or personal safety.
4. I agree to participate to the best ability in all pre-departure meetings, fundraising activities, and post-trip meetings. If I have conflicts with the meeting times I will contact the trip advisors prior to the meeting.
5. I understand that behavior that can result in my immediate dismissal includes, but is not limited to, the use or possession of alcohol or illegal drugs, behavior disruptive to the program or offensive to the host site, and/or violations of local, state, or national laws, or regulations of **Suffolk University**. I understand that a decision to dismiss me from the program will be final and no refund will be made. I will be responsible for my own airfare home.
6. I understand that if I am dismissed from the program based on agreement # 5, a university judicial case will be open by the Dean of Students to investigate the incident.
7. I understand that it is my responsibility to adhere to the departure schedule stated prior to trip commencement. Suffolk University is not responsible for travelers who fail to comply with this regulation and I will be liable for the cost of travel to the site.

In witness whereof, I have caused this release to be executed this ____ day of ________, 2010.

Signature of Participant: ______________________________________________________

Print Name of Participant: ______________________________________________________