



Application for Admission

Living Routes does not discriminate on the basis of sex, religion, race, color, sexual orientation, national or ethnic origin, physical or mental disability in the administration of its policies and programs. The information you provide on this application form will be kept confidential and shared only with authorized staff and faculty.

Select Program:			
Summer	Fall Semester	Spring Semester	January
<input type="checkbox"/> Brazil	<input type="checkbox"/> Costa Rica	<input type="checkbox"/> Costa Rica	<input type="checkbox"/> India
<input type="checkbox"/> Peru	<input type="checkbox"/> India	<input type="checkbox"/> India	<input type="checkbox"/> Mexico
<input type="checkbox"/> USA: Green Building	<input type="checkbox"/> Israel	<input type="checkbox"/> Scotland	
<input type="checkbox"/> USA: Permaculture	<input type="checkbox"/> Scotland		

Personal Information

Name: _____ Preferred First Name: _____
 Social Security #: _____ Date of Birth: _____ Gender: _____
 Passport #: _____ Passport Expiration: _____
 Is your passport valid for the length of the program plus 6 months? Yes No

Current/School Address	Permanent Address
------------------------	-------------------

Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip code: _____	State: _____ Zip code: _____
Country: _____	Country: _____
Cell Phone#: _____	
Home Phone#: _____	Work Phone #: _____
School Email: _____	Personal Email: _____

Primary Contact	Secondary Contact
-----------------	-------------------

Name: _____	Name: _____
Relation to Student: _____	Relation to Student: _____
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip code: _____	State: _____ Zip code: _____
Country: _____	Country: _____
Cell Phone#: _____	Cell Phone#: _____
Home Phone#: _____	Home Phone#: _____
Work Phone #: _____	Work Phone #: _____
Email: _____	Email: _____

College/University/High School

Name of Institution: _____

Freshman Sophomore Junior Senior Graduate Other: _____

Major(s): _____

Minor: _____

GPA: _____

Faculty Advisor

Study Abroad Advisor

Name: _____

Name: _____

Email: _____

Email: _____

Are you receiving Financial Aid? Please check all that apply.

State Federal Other: _____

Would you like us to mail you our Scholarship Application Packet? Yes No

Additional Information

Native Language: _____

Foreign Language(s): _____

Please list previous travel abroad experiences with dates.

Please list some of your interests, passions and preferred extracurricular activities.

Diet: Vegan Vegetarian Omnivore Other: _____

Dietary Restrictions: _____

Food Allergies: _____

Anything else?

Billing

Who should we bill for tuition?

Short Answer Questions

Please attach a separate sheet or use the back of this application.

1.	Why are you interested in participating in a Living Routes program, instead of other study abroad programs? Why do you think it is a good fit for you at this point in your life? Be specific.
2.	Describe the kinds of community/group experiences you have had. What have been some of your successes working with groups? What have been some of your challenges?
3.	Briefly describe a powerful educational experience you have had. What made it powerful? What did you learn from it? Be specific.
4.	Many sustainable communities have a spiritual (not religious) focus. How do you feel about this? Explain.
5.	Please list three goals/hopes you have for studying with Living Routes.
6.	Describe the areas of your life in which you'd like to grow and why.

How did you find out about Living Routes?	
Do you have a friend who would like some information on Living Routes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	
Email:	

Application Materials Checklist

Semester

<input type="checkbox"/>	\$50.00 Application Fee
<input type="checkbox"/>	Academic Recommendation
<input type="checkbox"/>	Biography
<input type="checkbox"/>	Character Recommendation
<input type="checkbox"/>	Study Abroad Advisor Approval Form
<input type="checkbox"/>	Transcript (Official or Unofficial)

January • Summer Programs

<input type="checkbox"/>	\$25.00 Application Fee
<input type="checkbox"/>	Academic Recommendation
<input type="checkbox"/>	Study Abroad Advisor Approval Form

Extended Summer Programs

<input type="checkbox"/>	\$25.00 Application Fee
<input type="checkbox"/>	Academic Recommendation
<input type="checkbox"/>	Biography
<input type="checkbox"/>	Character Recommendation
<input type="checkbox"/>	Study Abroad Advisor Approval Form
<input type="checkbox"/>	Transcript (Official or Unofficial)



Study Abroad in Ecovillages

Academic and Character Recommendation Form

This section to be completed by applicant (please make a copy of this form for 2nd reference)

Name of Applicant _____ Program Country and Term _____
Reference Requested from _____ Relationship _____

Please Note

- If selected, the applicant will be immersed in an intensive community living and learning experience. Living Routes (LR) programs are emotionally, physically and intellectually demanding, requiring students to interact in close-knit groups, engage in rigorous academics, live in foreign and rugged environments, and in general be on the edge of their comfort zones. A student's success on the program will be strongly affected by her/his maturity and motivation to engage in this process.
- Before completing this form, please visit our website at www.LivingRoutes.org and review the program the student is applying for. If you have any questions feel free to call the LR office directly.
- Please fill out this form in its entirety and use as much supporting detail as possible. You are welcome to write an additional letter of recommendation to accompany this form.
- Please mail or fax this form to the address below.

This Section to be Completed by Referee

This reference is offered with the understanding that my recommendation **will** **will not** be held in confidence.

I am available to talk further with LR staff about this applicant **yes** **no**

How long and in what capacity have you known the applicant? _____

Please indicate the applicant's competence in the following areas in comparison to other individuals whom you have known at similar stages of their careers.

	Below Avg.	Avg.	Above Avg.	Very Good	Out-standing	Unsure	Comments
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Team Player	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	_____
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

(Listening to others)

(Self Expression)

Based on your knowledge of the applicant, we would appreciate your thoughtful and candid responses to the following questions. Please use examples from your experience working with the applicant to illustrate your responses. Faculty and staff specifically responsible for teaching, coaching and mentoring the applicant during this program, will see your remarks.

1. What positive contributions do you feel this applicant will make as a participant on this program?

2. What challenges do you feel this applicant will face as a participant on this program?

3. What is your sense of the student's emotional maturity and ability to adapt to new living and learning experiences and environments?

4. Other relevant information/insights you would like to share about the student

Name _____ Signature _____ Date _____

Address _____

Email _____ Phone _____



Study Abroad Advisor Approval Form



If you are a currently enrolled student, your application cannot be considered until Living Routes receives this form. Please fill out the Student Information section and then submit it to your study abroad advisor, dean, or other home campus official responsible for approving study abroad.

STUDENT INFORMATION:

Name (please print) _____ Program: _____

I hereby authorize information needed to complete this form to be released to the official responsible for approving my program of study abroad.

_____ Student's Signature _____ Date _____

To the Home College Official

The study abroad application for the student named will not be complete until we receive this form indicating institutional approval of this applicant's foreign study plans and your confidential comments, if any. Because all applications are handled on a rolling admissions basis, your prompt response is appreciated.

ACADEMIC:

Is this student in good academic standing?

- Yes
- No Please explain: _____

Feel free to attach any additional information, you feel is relevant, on your letterhead.

Has this student secured the necessary approval from your institution to study abroad?

- Yes
- Approval not necessary
- No Please explain: _____

DISCIPLINARY:

Does this student have a disciplinary record with the institution? Please check the appropriate box:

- Yes and an official document or copy stating the details is enclosed
- No
- I do not have access to that information

Do you recommend this student?

- Yes
- Yes, with reservations (attach explanation of reservations)
- No



Study Abroad Advisor Approval Form



CREDIT:

Will the credits earned by this student on a Living Routes study abroad program be accepted towards this student's degree program at your institution?

- Yes, transfer credit is approved.
- Yes, but final approval cannot be granted until program completion.
- Yes, but subject to the following conditions: _____
- No, for the following reasons: _____

After completion of the program, official UMass Amherst transcript should be sent to:

College or University: _____

Attention: _____

Address: _____

ADVISOR INFORMATION:

DR/Mr./Mrs/Ms _____ Position _____

Department _____ Institution _____

Address _____
street city/town state zip code

Phone (____) _____ Fax (____) _____ Email _____

Signature _____ Date _____

PLEASE EMAIL, FAX OR MAIL THIS FORM TO THE ADDRESS BELOW

Admissions Managers:
jacky@livingroutes.org
moe@livingroutes.org

Fax: 413-259-1113

Living Routes
284 N. Pleasant St, Suite 1
Amherst, MA 01002