LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. JESUIT.

# Alternative Break Program Application

## Spring Break 2014

**Section 1**

Please prioritize your trip preference: _____ Name of applicant

| Site | Dates | First choice | Second choice | Not interested or able to go |
|---|---|---|---|---|
| Hurricane Sandy Rebuild | March 16-22 | | | |
| Week in the 'Cuse | March 16-22 | | | |
| Baltimore Ministries | March 16-22 | | | |

**Section 2**

**TYPE** your response to the following essay questions. Please email your application to Beth Scanlon at scanlela@lemoyne.edu.

1. Have you ever participated in a service/immersion trip before, either at Le Moyne or elsewhere? Please explain.

2. Where do you spend most of your time at Le Moyne (student organizations, a job, internship)? What activities do you partake in that you are the most passionate about?

3. What is your academic major? What are your plans upon graduation?

4. We will be going to L'Arche Syracuse, Baltimore Ministries and Hurricane reconstruction on Statan Island. Why do you feel called to go to the particular site you identified as your first choice?

5. Would you be open to going to a different site other than the one you selected as your first choice? If so, which one(s) would you be interested in and why?

**APPLICATION DEADLINE:**

**February 21 with your $50 deposit**

*Please submit this application to Beth Scanlon in Campus Ministry or at scanlela@lemoyne.edu.*

**Section 3**
**Contact information – general and emergency**
**General Information**

Name on your passport/State ID: _____

Name you prefer to be called (if different): _____

Student ID# _____ Class year: _____

Email: _____ Mobile Phone: _____

Date of Birth: _____ Major(s) : _____

Local address: _____

Home address: _____

**Emergency Contact Information**

Name of contact/relationship (must be above 18 years of age): _____

Phone Number:_____ email: _____

**Health Information**

Do you have any dietary restrictions and/or food allergies? Yes No

If yes what?_____

Do you have any medical conditions that may affect your participation on the trip?

If yes, please explain: _____

_____

For office use only:
Deposit: _____
Date: _____
Recorded: _____

*Please submit this application to Beth Scanlon in Campus Ministry or at scanlela@lemoyne.edu.*