



FRED J. HANSEN
SUMMER INSTITUTE ON LEADERSHIP
& INTERNATIONAL COOPERATION

APPLICANT NAME _____

FORM 7. APPLICANT/PARENT AGREEMENT

**APPLICATION CHECKLIST
SUBMIT YOUR APPLICATION
BY THE POSTMARK DUE
DATE OF JANUARY 5, 2015**

MAIL, EMAIL OR FAX your application as follows:
The Hansen Summer Institute on Leadership and International Cooperation
University of San Diego
School of Leadership and Education Sciences
5998 Alcalá Park
San Diego, California 92110-2492

Email application to:
blamb@sandiego.edu; or fax to
619-849-8195

Be certain your application is complete. Completed applications must include:

1. Your completed application (Forms 1-8) including all attachments:
 - a. Letter of reference from an academic advisor.
 - b. Letter of reference from a representative of a Non Governmental Organization (NGO) or community group.
 - c. An official transcript of your last two full years of university study
2. Sign ALL release statements on this form.
3. All application materials are written in English or translated (references from academic advisor and NGO)

AGREEMENT AND RELEASE:

I understand that I am responsible for my own behavior at all times while participating in the Hansen Summer Institute on Leadership and International Cooperation and I accept the authority of the University of San Diego to dismiss me from the program or send me home at any time if I prove uncooperative with the group's goals and objectives.

I understand that no extended stays will be permitted beyond the program dates. I must participate in the entire program and may be disqualified if I cannot attend the entire program.

PERMISSION FOR EMERGENCY TREATMENT:

To Applicants and their Parents: On rare occasions emergencies will develop that require medical care, hospitalization, or surgery for a participant. So that such treatment can be administered without delay, please sign the following statement authorizing representatives of the University of San Diego to secure any necessary treatment.

In the event of injury or illness to myself/son/daughter/ward, _____ (name) born _____ (date), I/we authorize any representative abroad of University of San Diego to secure any necessary treatment, including the administration of anesthetic and surgery.

APPLICANT'S SIGNATURE (IF 21 OR OVER) DATE

PARENTS' OR GUARDIANS' SIGNATURE (IF APPLICANT IS UNDER 21) DATE

RELEASE

University of San Diego and the Hansen Foundation are not able to assume responsibility for damages to or loss of property, personal illness, bodily injury, emotional distress or death while a participant is in the program. We require each applicant and his/her parents or guardian to sign the following statement as an indication that his/her position is understood and accepted.

We hereby release the University of San Diego and the Hansen Foundation, and their respective directors, officers, members and agents from any and all claims and causes for action for damage or loss of property, personal illness, or injury or death arising out of any travel or activity conducted by or under the control of the University of San Diego and/or the Hansen Foundation.

APPLICANT'S SIGNATURE (IF 21 OR OVER) DATE

PARENTS' OR GUARDIANS' SIGNATURE (IF APPLICANT IS UNDER 21) DATE

EVALUATION

I agree to participate in an evaluation process, which will include a pre-program questionnaire, interviews during the summer program, post-program questionnaires and intermittent questionnaires over the next five (5) years. The questionnaire will assess attitudes about intergroup relations and conflicts as well as the impact and the effectiveness of the Hansen Summer Institute experience over time. I agree to remain in contact with the Hansen Summer Institute for at least five years for purposes of creating an active alumni network.

CERTIFICATION:

I certify that the information given in this application is complete and accurate to the best of my knowledge. If selected, I agree to comply with all of the application regulations of the Hansen Summer Institute on Leadership and International Cooperation.

APPLICANT'S SIGNATURE DATE