



**WILLIAM JESSUP
UNIVERSITY**

WILLIAM JESSUP UNIVERSITY

MISSION TRIP / GENERAL TRAVEL APPLICATION

TRIP (S) APPLYING FOR: _____

I. PERSONAL INFORMATION:

Applicant's Name: _____
last first middle

Home Address: _____
street city state zip

Phone: (____) ____ - ____ Box # ____ E-mail _____

Sex _____ Current G.P.A _____ Date of Birth ____/____/____ T-Shirt Size _____

Year in School _____ Citizenship _____ Do you have a valid passport? Y N

Social Security Number _____ - ____ - ____ School ID _____ - ____ - ____ Age _____

NAME OF PARENTS, NEXT OF KIN OR LEGAL GUARDIAN:

Name: _____

Address: _____
street city state zip

Phone: Home (____) ____ - ____ Work (____) ____ - ____ Cell(____) ____ - ____

Name: _____

Address: _____
street city state zip

Phone: Home (____) ____ - ____ Work (____) ____ - ____ Cell(____) ____ - ____

Are your parents in accord with your interest in this trip? Why or Why not?

II. EDUCATION GOALS:

Present program of study and academic plans:

Vocational Goal:

Hobbies:

III. FINANCIAL INFORMATION:

Share with us how you are planning to pay for this trip. Include sources of financial assistance, and other ideas for financial support:

I have reviewed the expectation for financial commitments and agree to be responsible for all amounts and deadlines, including full payment of the trip by my team's financial deadline prior to departure. I hereby authorize the WJU Trip Leader to check my account status with the WJU Financial Aid Department, if needed.

Applicant's signature _____ Date: _____

