



AHIF College Student Foreign Policy Trip DC • Greece • Cyprus - 2018



Overview

The *AHIF College Student Foreign Policy Study Trip to Greece and Cyprus* is a leading travel abroad program aimed to help Greek and Cypriot American college students better understand the importance of the relationships between Greece, Cyprus and the United States and foreign policy issues important to the Greek American community.

The *AHIF College Student Foreign Policy Study Trip to Greece and Cyprus* aimed to help Greek and Cypriot American college students better understand the core foreign policy issues important to the Greek American community. During the eighteen-day program, the students will have the opportunity to experience firsthand experience about the foreign policy issues affecting Greece and Cyprus, their relations with the U.S., and the interests of the U.S. in the region. Prior to their departure, students will meet in Washington, DC where they will attend meetings and briefings with officials at Greek and Cypriot embassies, the State Department, Congress and think-tanks.

While in Greece and Cyprus the students will attend meetings or briefings held at the U.S. embassies, officials from various foreign ministries, parliament members, religious leaders, think-tank organizations, and members of academia and the private sector of both countries. In Cyprus, the group will visit the Turkish-occupied area, receive a guided tour of old Nicosia Airport-UNFICYP in the demilitarized zone, and take a day trip to Paphos and Ayia Napa. While in Greece, the students will take a day-trip to visit the Naval Support Activity (NSA) Souda Bay, Crete, to tour the NATO Missile Firing Installation (NAMFI), take a day trip on a private boat and an exclusive tour of the Karaiskakis Stadium, the home stadium of Olympiacos FC.

Academic Credit

Although the AHIF does not have the capacity to provide academic credit, students can enhance their degree by doing so independently through their universities. Past trip participants have met with their academic advisors to obtain course equivalency approvals for major, minor, general education or other degree requirements as well as scholarships or funding possibilities provided through the university. We will be happy to complete any forms necessary to assist you with this process.

Eligibility

The program is open to undergraduate students (rising sophomores), to graduate students with a full-time enrollment status and a minimum 3.00 cumulative GPA. Students with a keen interest in US-Greek-Cyprus relations and policy challenges facing Greece and Cyprus will benefit from this program. Program size is limited, and participation is contingent upon acceptance by the program review committee. Our program operates on a rolling admission basis beginning in January; priority is given to applications received by March 31st, afterward in a *space-available basis*.

Cost and Accommodations:

Hotel accommodations (*McLean Tyson's Corner Hilton, McLean, Virginia; Hilton Cyprus, Nicosia, Cyprus & Grande Bretagne, Athens, Greece*) as well as most meals in Washington, DC, Greece, and Cyprus and transportation to and from the hotels, airport, excursions and meetings will be covered by the AHIF. Upon acceptance to the program, students will be responsible for purchasing their airline tickets. The approximate cost for the round trip ticket from Washington, DC-Larnaca-Athens-US is \$2,400. To ensure that the group travels together, ALL airline tickets must be purchased through Konstantinos Georgiadis, Amphitriion Holidays, 301-545-0999, aleko@amphitriion.com. Those who wish to extend their stay in Greece should note that the cost for an extended trip will be higher.



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APPLICATION PROCESS

Application reviews begins in January; priority is given to applications received by March 31, afterward in a **space-available basis**. All applicants must submit the following items *together* in one email/package by March 31:

1. **APPLICATION** All application materials are to be submitted *together* in one package by March 31. **ALL THREE** – participant and both parents/guardians– need to **sign and initial** the waiver and liability sections of the *Application* and *Extended Stay* forms.
2. **DEPOSIT** A \$500 refundable deposit is due at the time of application payable to *AHIF*. Once admitted to the program the \$500 deposit will be processed. The deposit will be returned in September after the evaluation form and 650-word essay have been received. **No refunds will be given if you cancel after May 15.**
3. **RESUMÉ** Highlight your education, research, work experiences, and your involvement in the Greek American community.
4. **TRANSCRIPTS** Official transcripts should be mailed or emailed (yolap@aheworld.org).
5. **REFERENCES** Two letters of recommendation from professors, workplace, community or church.
6. **HEADSHOT** A **recent high-resolution color headshot (at least 300 dpi in jpg)**.
7. **INSURANCE** Submit a photocopy of your health insurance card (front/back).
8. **PASSPORT** Your passport number, country issued, and the expiration date is needed to book your flights and for entry into federal buildings in the U.S., Nicosia and Athens. Students with no/expired passports should not wait until they have been accepted to the program to apply for one or to renew their passports.

SUBMITTING THE APPLICATION

- Email: In a single e-mail, attach ALL documents MSWord (.doc) or Adobe Acrobat (.pdf) files to Yola Pakhchanian at [yolap@aheworld.org] with the subject line **AHIF STUDENT TRIP APPLICANT: [Your Name]**. The letters or recommendation and transcripts can be emailed directly with the same subject line.

Mail	Email	
✓	✓	<u>Application</u> Form (<i>Signed by student & both parents/guardians</i>)
✓	✓	Extended Stay Form (<i>Signed by student & both parents/guardians</i>)
✓	✓	<u>\$500 Application Fee</u> (<i>check or credit card</i>)
	✓	Current <u>Resume</u> - <i>Microsoft Word document only</i>
	✓	300-word statement & 150 word bio - <i>Microsoft Word document only</i>
	✓	Travel Agent Information Form (<i>Return date is required</i>)
	✓	2 letters of Recommendation
	✓	<u>College</u> Transcripts
	✓	A photocopy of your health insurance card (<i>front & back</i>)
	✓	Recent high-resolution color headshot (<i>at least 300 dpi in jpg</i>)

- **MAIL ALL papers that need your signature: *Application* & *Extended Stay* forms and *check* to:**

Mrs. Yola Pakhchanian
 AHIF Foreign Policy Study Trip
American Hellenic Institute Foundation
 1220 16th Street, NW
 Washington, D.C. 20036

INTERVIEW

Phone interviews are an integral component of the application process. Yola Pakhchanian will contact you to arrange for an interview. Notification of selection decisions will be made by email to all applicants by mid-April.



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ESSAY

Submit a 300-word essay addressing the following questions:

1. How do you see yourself using this experience in the future to enhance your educational and career plans?
2. Is this your first trip to Greece and Cyprus?
3. What type of experience or work have you done in the past which make you a good candidate for this program?
4. Discuss your involvement in the Greek American community.

Your submission should be a word document only please.

SHORT BIOGRAPHY

Submit a 150-word *biographical paragraph* with your name, university, degree. Include future academic plans or projects and quote on how this trip will help you with your future plans. *Your submission should be a word document.*

See examples:



Giana Damianos, a Dean's List student at Indiana University, is majoring in Economics and Political Science and minoring in Psychology. Giana is a rising junior and has been named a 2017 award recipient by the PanHellenic Scholarship Foundation. On campus, Giana is involved with the Hellenic Student Association, and is a member of the Mock Trial Team. Outside of IU, Giana spent a summer studying abroad in Athens through the *AHEPA Journey to Greece* program which allowed her the opportunity to grow her awareness of Hellenic influence. This passion has since inspired her to pursue Modern Greek language courses while at school. "Through the AHIF Foreign Policy Trip, I hope to gain as much exposure to Greece as I can – the language, the people, the political and economic structures – everything. I hope this program will provide the platform for me to pursue a career that contributes to the welfare of Greek people." Giana intends to return to Greece for an extended study term to continue this goal. Ultimately, she hopes to attend law school after graduating.



Stavros Piperis, a rising junior at Boston College, is studying Political Science and is a member of the department's Honors Program. He was acknowledged as a Sophomore Scholar of 2017 for showing outstanding potential in his chosen major, and has studied Modern Greek for two years. Beyond academics, Stavros has devoted much of his time to civic engagement and illuminating the Hellenic experience in the U.S. As the Co-President of the Boston College Hellenic Society, he created and organized the Greek America Lecture Series, a three-part speaker series devoted to sharing the stories of prominent Greek Americans and statesmen. The project brought Governor Michael Dukakis, Ambassador R. Nicholas Burns and Nicholas Gage to speak at Boston College. "I am thrilled about the opportunity to participate in the AHIF trip. The chance to observe Greek American political relations so closely would both provide a deeper understanding of international civics and highlight the common ground between America and Hellenism," Stavros said.



AHIF College Student Foreign Policy Trip Washington, DC • Greece • Cyprus

Information Form and Release Agreement

This Information Form and Release Agreement (“Agreement”) is submitted to the American Hellenic Institute Foundation, Inc. (“AHIF”), as an application for participation by the below-designated student (“Participant”) to participate in the AHIF Foreign Policy Trip to Greece and Cyprus (“AHIF Foreign Policy Trip”), scheduled to take place June 19 to July 6, 2018.

STUDENT INFORMATION

First Name: _____ MI: _____ Last Name: _____
(Legal name as it appears in your passport)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ E-mail: _____

Date of Birth: _____ Age: _____ Male Female

*Passport #: _____ Expiration date: _____

*Social Security #: _____

**Required for entry into certain Government buildings. Your application form will not be processed without the SS# and Passport #.*

PARENT / GUARDIAN INFORMATION

Father/Guardian _____

Mother/Guardian _____

Address _____

Address *(if different)* _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip _____

Home Phone: _____ Work: _____

Home Phone: _____ Work: _____

Cell phone _____

Cell Phone _____

E-mail: _____

E-mail: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

ACADEMIC INFORMATION

College: _____

College Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Degree being pursued: _____

Cumulative GPA: _____ Current grade: _____ College Graduation Year: _____

Related Job/Internship: _____ Related Job/Internship: _____



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MEDICAL INFORMATION

Height: _____ Weight: _____ (lbs) Hair: _____ Eyes: _____

Place of Birth: City: _____ State: _____ Country: _____

Emergency Contact (other than parent): _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you (*Participant*) have any disability or medical or psychological condition that might affect or limit your participation in the AHIF Foreign Policy Trip to Greece and Cyprus or require special assistance, facilities, or accommodations? Yes No If yes, please explain:

Note: Accommodations are determined on a case by case basis and are subject to timely notification and application. Failure to advise AHIF in a timely fashion may result in an inability to accommodate special needs and disqualify Participant from participation.

MEDICAL HISTORY

Have you ever had, or are you taking treatment /medication for any of the following (if yes, please explain below):

- | | | | |
|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Convulsions, seizures or epilepsy | <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Recent injuries | <input type="checkbox"/> Physical limitations |
| <input type="checkbox"/> Fainting spells or dizziness | <input type="checkbox"/> Mental disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chemical dependency |
| <input type="checkbox"/> Allergies to insects or plants | <input type="checkbox"/> Asthma or wheezing | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Behavioral disorder |
| <input type="checkbox"/> Adverse reaction to medication | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Other (<i>please explain</i>) |
| <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Food allergies | | |

Please explain any items checked (*use additional sheet if necessary*):

MEDICATIONS

Please indicate any medications that the student takes regularly and those she/he might need to take while participating in the AHIF Foreign Policy Trip (*use additional sheet if necessary*):

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

All medications to be taken during the AHIF Foreign Policy Trip must be clearly labeled with the student's name, dosage amount, dosage times and prescribing physician's name and phone number. All medications must be in the original container. If the participant will require refrigeration for medication during the AHIF Foreign Policy Trip, the participant must give AHIF advance notice. Storage will be subject to availability of refrigerated storage at any particular location during the AHIF Foreign Policy Trip. AHIF may store medications on the student's behalf but will in no event be responsible for dispensing medications or for lost, stolen, or misplaced medication.

INSURANCE INFORMATION

Please provide us with your complete and current healthcare provider and health insurance information:

Doctor's Name: _____ Insurance Carrier: _____

Doctor's Address: _____ Carrier Phone #: _____

City: _____ State: _____ Zip: _____ Policy/Group #: _____

Doctor's Phone () _____ Member/ID Number: _____

Participants must have health insurance to participate in an AHIF Foreign Policy Trip to Greece and Cyprus. No Exceptions.



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MEDICAL TREATMENT AND HOSPITAL SERVICES CONSENT

We, the undersigned parents/guardians of the Participant, hereby consent and grant permission, should the necessity arise, to the furnishing of medical treatment and hospital services to him/her as ordered or recommended by a qualified physician, licensed nurse, or emergency medical technician (including the administration of anesthesia and the conducting of laboratory and diagnostic procedures) at a hospital, clinic, or other medical facility or on the scene in the event of medical or surgical emergency. We hereby authorize all attending physicians, nurses, emergency medical technicians, hospitals, clinics, and other medical facilities and providers having medical records or information relating to the participant or to any treatment or services given to him/her to release such records and information to AHIF and its agents.

*Initials _____
(Student) (Parent) (Parent)

WAIVER OF PHYSICAL EXAMINATION AND DISCLOSURE OF INFORMATION

We, the undersigned parents/guardians of the Participant, waive the Participant's physical examination prior to participating in the AHIF Foreign Policy Trip.

WE UNDERSTAND THAT WE HAVE FULL RESPONSIBILITY TO INFORM AHIF IN ADVANCE OF ANY PRECAUTIONS THAT SHOULD BE TAKEN IN RESPECT OF A PARTICIPANT'S PHYSICAL OR PSYCHOLOGICAL CONDITION AND TO DISCLOSE ANY INFORMATION ABOUT SUCH CONDITIONS REASONABLY NECESSARY FOR AHIF TO EVALUATE THE PARTICIPANT'S SUITABILITY TO PARTICIPATE IN THE AHIF FOREIGN POLICY TRIP AND FOR AHIF, ITS AGENTS, AND LOCAL PHYSICIANS AND MEDICAL PERSONNEL TO ACCOMMODATE THE PARTICIPANT DURING THE AHIF FOREIGN POLICY TRIP SHOULD HE/SHE BE ACCEPTED FOR PARTICIPATION AND SHOULD MEDICAL ATTENTION BE REQUIRED. SUCH INFORMATION WILL BE DISCLOSED ONLY AS NECESSARY TO EVALUATE OR ACCOMMODATE THE PARTICIPANT.

*Initials _____
(Student) (Parent) (Parent)

CONSENT FOR PARTICIPATION

We the undersigned parents/guardians, in consideration for the benefits to be derived by our son/daughter, and subject to AHIF's acceptance of our son/daughter for participation in the AHIF Foreign Policy Trip, do hereby consent to his/her participation in all programs and activities comprising the AHIF Foreign Policy Trip. This consent acknowledges our agreement that our son's/daughter's participation will be in accordance with the terms and conditions stated in this Information Form and Release Agreement.

*Initials _____
(Student) (Parent) (Parent)

RELEASE AND INDEMNIFICATION

MEDICAL TREATMENT AND HOSPITAL SERVICES CONSENT

We, the undersigned parents/guardians of the Participant, hereby consent and grant permission, should the necessity arise, to the furnishing of medical treatment and hospital services to him/her as ordered or recommended by a qualified physician, licensed nurse, or emergency medical technician (including the administration of anesthesia and the conducting of laboratory and diagnostic procedures) at a hospital, clinic, or other medical facility or on the scene in the event of medical or surgical emergency. We hereby authorize all attending physicians, nurses, emergency medical technicians, hospitals, clinics, and other medical facilities and providers having medical records or information relating to the participant or to any treatment or services given to him/her to release such records and information to AHIF and its agents.

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(Student) (Parent) (Parent)

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*Initials _____
(Student) (Parent) (Parent)

RELEASE AND INDEMNIFICATION

In consideration for participation in the AHIF Foreign Policy Trip to Greece and Cyprus, which will take place in metropolitan Washington, DC (including the Commonwealth of Virginia, the District of Columbia, and the State of Maryland) and the Republics of Cyprus and Greece, EACH OF THE UNDERSIGNED, for himself or herself and his/her personal representatives, executors, administrators, assigns, heirs, and next of kin ("Releasors"), acknowledges, agrees, and represents that he/she:

1. RELEASES, WAIVES, FOREVER DISCHARGES, AND COVENANTS NOT TO SUE AHIF, the American Hellenic Institute, Inc., their respective subsidiaries, affiliates, officers, directors, employees, agents, representatives, successors, and assigns and all other participants, sponsors, promoters, venue operators and owners, transportation providers, and all owners, lessors and lessees of premises used to conduct or associated with the AHIF Foreign Policy Trip to Greece and Cyprus ("Releasees"), and each of them, of and from all liability to the Releasors for any and all loss or damage, and any claim or demand therefor, on account of illness, injury, accident, or death of the Participant, whether caused by the negligence of the Releasees or otherwise, while the Participant is participating in the AHIF Foreign Policy Trip to Greece and Cyprus from the time of Participant's departure from home until his/her return thereto.
2. AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damage, or cost they may incur due to or resulting from the undersigned Participant's participating in the AHIF Foreign Policy Trip.
3. ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS, due to the negligence of Releasees or otherwise, while participating in the AHIF Foreign Policy Trip. EACH OF THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES that the AHIF Foreign Policy Trip, including travel to and from activities comprising the AHIF Foreign Policy Trip, carries the risk of serious injury and/or property damage or loss.
4. GRANTS PERMISSION to AHIF and the American Hellenic Institute, Inc., severally, now and forever, without obligation, to use photographs, videotapes, motion pictures, recordings, or other records of my participation in the AHIF Foreign Policy Trip ("Graphics and Information") for advertising and promotional materials and for any other purpose they, in their sole discretion, deem necessary or useful. This grant includes the right to publish and post such Graphics and Information on any website and to license others to do so.
5. AGREES that any dispute arising out or relating to this Information Form and Release Agreement or to Participant's participation in the AHIF Foreign Policy Trip shall be resolved by arbitration conducted before a single arbitrator in Washington, D.C., in accordance with the then-prevailing applicable rules of American Arbitration Association.

Each of the undersigned further expressly agrees that the terms of this Information Form and Release Agreement are intended to be construed as broadly and inclusively as permissible, and that if any portion thereof is held invalid the balance shall, notwithstanding, continue in full legal force and effect. Each of the undersigned has read and voluntarily signs this Information Form and Release Agreement. They each represent and warrant that all disclosures are truthful and complete and acknowledge that AHIF will rely on such representation and warranty as an inducement to accept the Participant for participation in the AHIF Foreign Policy Trip. They each understand and agree that Participant's acceptance for participation is within AHIF's sole discretion.

SIGNATURES & PAYMENT

PARTICIPANT

Name (printed) _____

*Signature _____

Date of Signature _____

PARENT/LEGAL GUARDIAN 1

Name (printed) _____

*Signature _____

Date of Signature _____

PARENT/LEGAL GUARDIAN 2

Name (printed) _____

*Signature _____

Date of Signature _____

***ORIGINAL SIGNATURES REQUIRED.**

Student and both parents/guardians are required to sign.

Return Travel Info:

All participants need to make individual plans to arrive in Washington, DC by June 19, 2018 by 3:00 pm. Those who wish to extend their stay in Greece should have their return dates when they contact the travel agent. Please note that you will not be able to change your return flights once they are booked.

Departure date (July 6 or later) _____

Departure city (*i.e. Athens*) _____

Arrival U.S. city (*i.e. NYC, LA*): _____

Who should we contact regarding your travel plans?

Name: _____

Email address _____

Daytime number _____ Cell _____

\$500 Deposit Payment Information:

Check (*payable to AHIF*) Visa Master Card Amex

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Credit Card # _____

Exp. date _____ V-code _____

Signature: _____



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TRAVEL AGENT INFORMATION FORM

Participant:

Name <i>(Legal name as it appears in your passport)</i>		
Address:		
City:	State:	Zip:
Birthday: (month, day, year):		
USA Passport #:		Expiration date:
College Email:	Personal email:	
Cell Phone:		

Parent responsible for travel arrangements:

Name:	Email:
Daytime Phone #:	Cell phone:
Best times to be reached:	

ALL participants must arrive in Washington, DC by 3:00 pm on Tuesday, June 19, 2018. The students will leave on June 22 for Cyprus and June 28 for Athens. The program will conclude officially at midnight on July 5 and the group will depart for the U.S. on July 6, 2018. Should you choose to extend your stay please complete the "Extended Stay" form. Student and both parents/guardians are required to sign. (Please note that we will not be able to change your flights after May 1, 2018)

Airport/city to Washington DC:	Date/Time:
Departure date from Greece:	Time:
Arrival Airport/city in the USA:	Arrival date in the USA:

Payment should be made by check payable to "Amphitriton Holidays." Please mail checks to:

Mr. Konstantinos Georgiadis
1010 Rockville Pike, Suite 401, Rockville, MD 20852
301-545-0999 (phone) / 301-294-5325 (fax) / aleko@amphitriton.com

Email completed form to Yola Pakhchanian at yolap@aheworld.org.



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EXTENDED STAY FORM

To be completed by those who plan to extend their stay and are not returning to the U.S. on July 6, 2018.

Name:	
Departure date from Greece:	
Arrival date in the USA:	Arrival city in the USA:

Contact person in Greece

How is this person related to you?	
Name:	
Address:	
Phone number:	Cell phone:

I, _____ acknowledge and agree that the *AHIF College Student Foreign Policy Trip to Greece and Cyprus* terminates, and AHIF's responsibility for Participants' welfare in connection therewith ceases for all purposes, as of midnight July 5, 2018.

Participant Name: _____

*Signature: _____ Date: _____

Parent/Guardian's signatures:

Mother Name: _____

*Signature: _____ Date: _____

Father Name: _____

*Signature: _____ Date: _____

***ORIGINAL SIGNATURES REQUIRED.**

Student and both parents/guardians are required to sign.

Mail completed form to AHIF, 1220 16th St NW, Washington, DC 20036 and email to yolap@aheworld.org.