

Application Form: Spring/Fall 2009

Introduction

Thank you for your interest in the International Leadership Semester. In order to be accepted to ILS, to process your application we must receive the following materials on or before **November 5th, 2008 (Spring Semester 2009) or May 1st, 2009 (Fall Semester 2009)**.

A complete application consists of the following:

- Completed Application Form (*this form*)
- University Transcript*
- Two Letters of Recommendation
 - Professor/Coach Recommendation
 - Clergy Recommendation
- Signed Affidavits (*attached*)
 - Financial Support
 - Student Behavior
 - Medical Insurance
- Medical Form**

The completed application should be sent by email to Professor Gianluca Casagrande at ils@unier.it. Letters of recommendation should be sent directly by email to ils@unier.it.

*Unofficial transcripts may be sent by email with the application. Final approval pending receipt of official transcripts.

** Ask your physician for to provide a medical form to establish that you are in good health and your vaccinations are up to date.

Personal Information

Please type or print clearly with black ink.

Place a recent photo of
yourself here.

Please indicate semester: Spring 2009 / Fall 2009

Basic Information

Last Name

First Name

Middle Initial

Date of Birth

Place of Birth

Email

Current Address

Street

City

State

Zip Code

Cell Phone

Home Address

Street

City

State

Zip Code

Home Phone

Academic Information

University

Year of Graduation
(expected)

Major

Minor(s)

GPA

Financial Information

Father's Name

Father's Employer

Father's Job Position

Father's Income*

Mother's Name

Mother's Employer

Mother's Job Position

Mother's Income*

*Adjusted Gross Income

Financial aid provided by ILS need based. Your parents' income will be used in the determination of financial aid.

Religious Activities

Please list religious activities (parish, school, youth group, etc.) indicating the years in which you participated and highlighting any leadership positions you have held. Also, if applicable, please indicate involvement in Church Movements (e.g. Charismatic Renewal, Opus Dei, Regnum Christi, Focolare, etc.)

Extracurricular Activities

Please list extracurricular activities (athletics, clubs, volunteer work, jobs etc.) indicating the years in which you participated and highlighting any leadership positions you have held.

Foreign Languages

Please your language proficiency and level of fluency.

Personal Essays

Answer both essays. Limit each essay to no more than 500 words.

Essay 1

Why do you wish to attend this program, and what do you hope to gain from the experience?

Essay 2

Comment on the following quotation of Pope Benedict XVI, explaining what it means to you and how it is relevant to your life as a university student:

Dear young friends, cultivate your talents, not only to obtain a social position, but also to help others to "grow". Develop your capacities, not only in order to become more "competitive" and "productive", but to be "witnesses of charity". In addition to your professional training, also make an effort to acquire religious knowledge that will help you to carry out your mission in a responsible way. In particular, I invite you to carefully study the social doctrine of the Church so that its principles may inspire and guide your action in the world. May the Holy Spirit make you creative in charity, persevering in your commitments, and brave in your initiatives, so that you will be able to offer your contribution to the building up of the "civilization of love". The horizon of love is truly boundless: it is the whole world!

(Benedict XVI, Feb 5, 2007)

Letters of Recommendation

Please list the contact information for those who have written your letters of recommendation.

Professor/Coach Recommendation

Name

Position

Phone

Email

Clergy Recommendation

Name

Position

Phone

Email

Affidavits

Please complete the attached affidavits.

- All affidavits must be notarized.
- Send the signed and notarized documents to ILS.

AFFIDAVIT OF FINANCIAL SUPPORT

To be completed by the person providing financial support (Must be Notarized)

PLEASE TYPE OR PRINT LEGIBLY

I _____

Born in _____

Date of Birth _____

BEING FIRST DULY SWORN IN OATH, DEPOSE AND SAY:

That I, the affiant, am employed full-time as a _____ with sufficient income and assets to pay for the applicant's expenses during his/her entire stay in Italy, AS WELL AS to responsibly cover any unforeseen expenses the applicant may incur while in Italy.

That I, the affiant, will pay for the applicant's expenses as outlined above.

APPLICANT'S INFORMATION

Applicant's Name _____

Born in _____

Date of Birth _____

Relationship of Affiant _____

(Date)

(SIGNATURE OF AFFIANT)

AFFIDAVIT OF STUDENT BEHAVIOR

I (student), _____ born in _____ (country of origin), State of _____ on _____ being first duly sworn on oath, depose and say:

- I will pay the required program fees according to the following calendar:
 - o For Spring Semester 2009:
 - \$10,000 – due by November 20th, 2008
 - \$5,000 – due by February 3rd, 2009
 - o For Fall Semester 2009:
 - \$10,000 – due by May 20th, 2009
 - \$5,000 – due by September 20th, 2009
- I will not use illegal drugs at any time during my stay in Italy.
- Since class attendance is an integral and mandatory part of the course, I will be present for all classes.
- For medical safety, I have medical coverage from my home country to cover any needs while in Italy.
- I am fully responsible fully responsible for my housing during my stay in Rome including: arranging the housing, payment to the housing provider, and the consequences of my behavior while in residence (including payments required for financial damages).
- The International Leadership Semester, European University of Rome, and the Legionaries of Christ are not responsible for accidents, injuries, or other consequences incurred during the student's stay in Rome as well as his/her travel in Rome or other places while in Europe.
- I duly assume full responsibility for any consequences incurred through breaking any of these agreements. The European University of Rome and the Legionaries of Christ are not liable for my actions.

(DATE)

(SIGNATURE OF STUDENT)

*The signature must be notarized by a public notary or an Italian officer.

AFFIDAVIT OF MEDICAL INSURANCE

I, _____ born in _____
(country of origin), State of _____ on _____

being first duly sworn on oath, depose and say:

-That within eight days of my arrival in Italy for the International Leadership Semester, I will have purchased the following medical and hospitalization program:

____ Insurance policy with I.N.A. ASSITALIA, via del Tritone 181, Bank account. Nr. 7127003 in the amount of about \$75 for six months

-That the above-mentioned coverage will be for my entire stay in Italy and that I will be responsible for any other expenses of this nature I may sustain while in Italy.

(DATE)

(SIGNATURE OF STUDENT)

*The signature must be notarized by a public notary or an Italian officer.