



Please complete this form and return it to:

Los Angeles Term
Azusa Pacific University
3580 Wilshire Blvd., Suite 200
Los Angeles, CA 90010
(213) 252-0245

Student I.D. No. _____

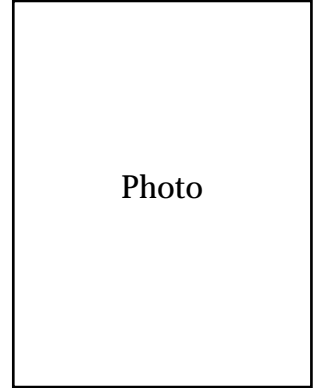
Applying to LA Term for: _____
Semester Year

Deadline for spring term: October 15

Deadline for fall term: March 15

Please be sure to provide:

- Application and attached personal statement (see page 3)
- An unofficial copy of your college transcript
- A \$25 check payable to Azusa Pacific University
- Photo
- Two recommendations
- Signed Wavier and Release
- Insurance Information



Personal Information

Applicant's full name _____
First Middle Last

Cell Phone Number (_____) _____ Email _____

Social Security no. _____ - _____ - _____ Date of birth (mo/day/yr) _____

Place of birth (city/state/country) _____ Country of citizenship _____

Name of college _____

Current address _____

Living area _____ Room # _____ Box # _____

Current Home Phone (_____) _____

Permanent (Summer or Christmas) address _____
Street Apt. #

City State ZIP

Permanent Home Phone (_____) _____

Father's name and address _____
First Middle Last

Address _____
Street Apt. #

City State ZIP

Home phone (_____) _____ Work phone (_____) _____

Email _____

Mother's name and address (if different from above) _____
First Middle Last

Address _____
Street Apt. #

City State ZIP

Home phone (_____) _____ Work phone (_____) _____

Email _____

Academic Information

Major(s) _____ Minor _____ GPA _____

Academic advisor's name _____ Department _____

Academic standing (check one): Freshman Sophomore Junior Senior Other _____

Please list any courses you have taken in preparation for the L.A. Term (e.g., sociology, intercultural communication, foreign language, or Christian ministry). _____

How did you learn about the L.A. Term? _____

What influenced you to apply (brochure, information booth, etc.)? _____

Experience and References

RECOMMENDATIONS

Two recommendations are required, one from a pastor or professor, and the other from a residence life supervisor (resident advisor or resident director). References should fill out the enclosed form. Provide them with a stamped and addressed envelope (use address at the top of the application form). These references should be received by the L.A. Term program office no later than the application deadline for the desired term. Please provide the names of your references below.

Name _____ Name _____

Position _____ Position _____

Address _____ Address _____

City State ZIP City State ZIP

Phone (_____) _____ Phone (_____) _____

Fax (_____) _____ Fax (_____) _____

WORK EXPERIENCE

Organization/Company	Position/Type of work	Dates/Length of time	Please circle one:
			Paid or Volunteer
			Paid or Volunteer
			Paid or Volunteer
			Paid or Volunteer
			Paid or Volunteer

PERSONAL HISTORY

Briefly describe international or intercultural experiences you have had and the impact they had on you. _____

Briefly describe the community in which you grew up, including size and demographics. _____

Briefly describe your family (occupations, interests, number of siblings, ages, etc.) _____

Briefly describe your hobbies, interests, or other interesting things about yourself not mentioned above. _____

What is your level of foreign language proficiency? (This is not a program requirement.)

Language(s): _____

- None Beginner Intermediate Advanced Native speaker

RATE YOURSELF *Evaluate yourself on the following characteristics. Write the appropriate number in the blanks below.*

- 5 Almost** always describes you.
- 4 Usually** an accurate description.
- 3 Often** an accurate description.
- 2 Occasionally** an accurate description.
- 1 Not** an accurate description.

Do you . . .

- | | |
|---|---|
| <input type="checkbox"/> Approach problems in a constructive manner? | <input type="checkbox"/> Show initiative and self-motivation? |
| <input type="checkbox"/> Respectfully listen to differing opinions? | <input type="checkbox"/> Demonstrate emotional stability? |
| <input type="checkbox"/> Receive constructive criticism well? | <input type="checkbox"/> Relate to family members well? |
| <input type="checkbox"/> Respond well to authority? | <input type="checkbox"/> Relate well with peers? |
| <input type="checkbox"/> Work well in team situations? | <input type="checkbox"/> Work well under pressure? |
| <input type="checkbox"/> Have an ability to converse and integrate with strangers? | <input type="checkbox"/> Have a positive attitude even in undesirable situations
(a non-complainer)? |
| <input type="checkbox"/> Demonstrate appropriate conduct toward members of the
opposite sex? | <input type="checkbox"/> Adjust well to group activities? |

MORE ABOUT YOU

List any condition/reason that would hinder you from participating in any of the program activities: _____

In the past 3 years have you been on any kind of probation or disciplinary action? No Yes Explain. _____

Are there any situations in your life for us to consider as we prayerfully evaluate your application for the L.A. Term? _____

PERSONAL STATEMENT

On a separate sheet of paper, please explain why you wish to participate in the L.A. Term Program. What aspects of the program are appealing to you? Why? What personal and academic benefits do you expect to receive from your participation in the program? How does the program "fit" your interests and life goals? What will you give to the program? Include information not previously covered in this application.

Other Information

MEDICAL INFORMATION

Please provide the following information so that we may better serve you by being aware of any special needs that you have.

Are you currently under medical treatment for any reason? Yes No

Are you currently being treated by a psychologist for an emotional, nervous, or mental disorder? Yes No

Do you have any learning disabilities? Yes No

If you answered yes to any of the above questions, please use a separate sheet to describe the condition and the treatment you are receiving.

Are you presently taking any prescription drugs on a regular basis? Yes No

If yes, please explain: _____

Do you have any allergies or dietary reactions? Yes No

If yes, please explain: _____

Do you have any physical disabilities requiring special accommodations? Yes No

If yes, please explain: _____

Please read and sign the waiver included in this application. You will be sent more information regarding insurance upon acceptance to the program.

SERVICE INFORMATION

All participants of the L.A. Term Program will participate in a supervised practicum or internship at a local community organization. In addition to completing service during the semester, the class Community Organization and Social Change will also include a weekly seminar analyzing how community members and organizations work together to promote change in their communities. Please rank your choices below for client and community issue preference (1=first choice).

Client Preferences

- ___ Young children
- ___ Adolescents
- ___ Adults
- ___ Elderly
- ___ Mentally disabled
- ___ Physically disabled
- ___ Other:
- ___ Labor/Community organizing
- ___ City government
- ___ Gangs/street crime
- ___ HIV/AIDS

Community Issue Preferences

- ___ Teaching/tutoring
- ___ Health services
- ___ Arts/drama/recreation
- ___ Environmental health
- ___ Housing/homelessness
- ___ Immigrant rights
- ___ Other:
- ___ Urban planning
- ___ Transportation
- ___ Legal defense
- ___ Evangelism/church work
- ___ Economic development
- ___ Criminal justice
- ___ Other:

What would you consider to be the ideal service placement? (Actual placement is made on the basis of availability of service opportunities.)

Do you have any special skills (e.g., playing guitar, gardening, construction, computers, sports, etc.)? Please specify.

HOMESTAY INFORMATION

The L.A. Term's homestay program enables participants to live with cultural different families for the duration of the 15-week semester. While we can't *guarantee* that participants will be placed with a family that fits a particular profile, we would like to know what you prefer. What kind of family would you like to live with? Consider aspects like race/ethnicity, social class, religious background, political leaning, lifestyle, with or without kids, and home location -- anything that would help program staff to discern the family that would best support your learning aims. Use the space below.

AGREEMENT AND RELEASE

I understand that participants in the L.A. Term are expected to exhibit sensitivity to the community in which they will live, uphold the behavioral and academic expectations of APU, and observe the local rules and laws. I understand that I represent Azusa Pacific University, that I study and serve under the direction of the program director, and that I am accountable for my personal conduct and academic performance. I understand that failure to comply with these regulations may result in my dismissal from the program and/or loss of academic credit with no refund of the program fee.

Student signature _____ Date _____

Parent or guardian signature (if under 18) _____ Date _____

Recommendation Form for _____ Student name

Name of L.A. Term applicant _____
First Middle Last

Name of person completing this recommendation _____
First Middle Last

Title _____ Institution _____

Address _____
Street Apt. #

City State ZIP

Home phone (_____) _____ Work phone (_____) _____

Email _____

Capacity in which you have known applicant: _____

The university may call me about my recommendation: Yes No

The person named above has applied to the Los Angeles Term of Azusa Pacific University which involves academic study and community service in the heart of Los Angeles. (Information on the program can be obtained from its website: www.apu.edu/laterm) The experience, while exciting and valuable, also calls for maturity, responsibility and sensitivity. Your honest evaluation will be most helpful to us and to the applicant. Thank you for your cooperation.

Please use the list below to give a general profile of the applicant.

MOTIVATION	Excellent	Good	Average	Below Average	Unknown
Devotion to Christ	_____	_____	_____	_____	_____
Interest in other cultures	_____	_____	_____	_____	_____
Intellectual curiosity	_____	_____	_____	_____	_____
Desire to serve others	_____	_____	_____	_____	_____

Additional comments on motivation: _____

RESPONSIBILITY	Excellent	Good	Average	Below Average	Unknown
Carries work to completion	_____	_____	_____	_____	_____
Uses good judgement	_____	_____	_____	_____	_____
Works without supervision	_____	_____	_____	_____	_____
Takes directions	_____	_____	_____	_____	_____
Punctual and reliable	_____	_____	_____	_____	_____

Additional comments on responsibility: _____

RELATING TO OTHERS	Excellent	Good	Average	Below Average	Unknown
Non-judgmental and accepting	_____	_____	_____	_____	_____
Concern for under privileged	_____	_____	_____	_____	_____
Associates with strangers	_____	_____	_____	_____	_____
Able to resolve conflict	_____	_____	_____	_____	_____
Embraces new challenges	_____	_____	_____	_____	_____

Additional comments on relating to others: _____

On a separate sheet of paper, please add any other information or personal opinions which you feel would be important for program staff to know about the applicant.

SUMMARY

- I recommend the applicant without reservation.
- I have some reservations, but would still recommend.
- I have doubts and advise you to seek additional information.
- I do not believe the applicant is suited for the L.A. Term program.

Signature _____ Date _____

WHEREAS, I _____ am participating in the L.A. Term Program, and

WHEREAS, I am doing so entirely for my own education and enjoyment and with the knowledge that such participation will include travel by airplane, train, bus, and other forms of transportation and entails risk, and

WHEREAS, I recognize that the participation in such activities may be hazardous and dangerous

NOW THEREFORE, in consideration of the privilege to participate extended to me by Azusa Pacific University, through its officers, agents, servants, and employees, acting officially or otherwise, from any and all actions, causes of actions, claims, and demands for, upon, or by reason of any injury, damage, loss, or death which may occur from any cause including, but not limited to any accident while participating individually or with others in the Los Angeles Term Program.

I have read and agree to this release:

Individual's signature

Parent's signature (if under 18)

Witness

(_____) _____
Phone

Insured StudentsFull name _____
First Middle LastFull address _____
Street Apt. #
City State ZIP

Name of insurance company _____

Name of policy holder _____

Policy number _____

Claims office phone (____) _____

_____ OR _____

Uninsured Students

I have no medical/dental or accident insurance, and I will be responsible for the payment of any and all medical/dental expenses that occur during the program term that are related either directly or indirectly to my participation.

Participant's name_____
Social Security no.