Normandy Allies International Experience
Student Application Form

Request current Information Packet or call 585-748-2357 for
current application deadline date in March.

Name: _____ **Telephone:** _____
(Name must be exactly the same as on your passport)
Address: _____ **Fax:** _____
_____ **e-mail:** _____
Passport Number: _____ **Country:** _____

I am applying for International Experience 20____. On July 1 of that year, I will be _____ years old
Birth date: _____ Place of Birth: _____ Male___Female____ Citizenship_____

Parent name(s): _____ _____
Address(es): _____ _____
_____ _____

Siblings/ages: _____ _____
_____ _____

A recommendation/permission letter from parents/legal guardians is required.
Have you enclosed this? _____

Emergency contact during summer:
Name: _____ Telephone:_____
Address: _____ Fax: _____
_____ e-mail: _____

School Information:
School name:_____Number of years at school: _____Current grade: _____
Address: _____Current scholastic average/rating: _____
_____

One recommendation from teachers, coaches, or counselors, or a former Normandy Allies participant, etc. is required.
Have you enclosed this? _____

Language Studies:
Facility/studies in English: _____Fluent _____Conversational _____Some understanding
Facility/studies in French: _____Fluent _____Conversational _____Some understanding
Facility/studies in another language: _____Fluent _____Conversational _____Some understanding

Previous Travel/Study (National and International): _____
_____
_____

Employment record:
Place: _____ How long employed: _____
Address:_____
_____
What were your responsibilities? _____
_____

Place: _____ How long employed: _____
Address: _____
_____
What were your responsibilities? _____
_____

Volunteer Activities:_____
_____

Community Involvement: _____
_____

Extracurricular Activities: _____
_____

Any School Suspensions or Dismissals: Yes ( ) No ( ) If yes, please explain _____
_____

Are you able to withstand travel, long days, differing foods, rugged accommodations, extensive walking and climbing, etc.? Yes ( ) No ( ) If no, please explain: _____
_____

Any medical history/conditions we should know about? Yes ( ) No ( ) If yes, please explain _____
_____

How did you hear about this program? _____
_____

Are you a relative of a Normandy veteran/participant? *If yes, please include the name of the veteran/participant here:* _____

If possible, please include a letter of recommendation from your relative with this form. Thank you.

INSTRUCTIONS FOR STUDENT ESSAY

Please write one essay that responds to the following points:

- ***Why do you want to participate in the International Experience?***
- ***Describe how the group—including the presenters, the French families, the other students, adult travelers, team members— might benefit from your participation as an active member.***
- ***We will have luncheons with French witnesses to the 1944 Normandy Liberation. What 3-5 questions would you like to explore with them? Explain why have you raised these particular questions—why these are important to you.***

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The essay is your opportunity to distinguish yourself as a candidate for the International Experience.
The essay should be between 300-500 words, typed and double-spaced. Questions may be given in a list format.

Please note: you must address all 3 points in your essay.
The essays will be judged on content, completeness, clarity, and individuality of expression.

Mail application with $25.00 non-refundable application fee to:

Normandy Allies, Inc.
P.O. Box 1332
Pittsford NY 14534

Make check/money order payable to: **Normandy Allies, Inc**.

Applications postmarked by February 15 are eligible for Incentive Award. Request current Information Packet or call 585-748-2357 for application deadline date in March. Applications are accepted on a rolling admission basis.

Visit our website – www.normandyallies.org