



Pemón Health

Application for 2010 Summer Program

Contact Information:

Full Name: _____

Date of Birth: _____ Gender: _____

Nationality: _____ E-mail: _____

Home Number: _____ Mobile Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Until what date can we contact you at this address? _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Information:

Please list names and telephone numbers of two people to notify in case of an emergency.

At least one must be a parent or legal guardian

1. Full Name: _____

Relation to Applicant: _____

Home Number: _____ Work Phone Number: _____

Mobile Number: _____ E-mail: _____

1. Full Name: _____

Relation to Applicant: _____

Home Number: _____ Work Phone Number: _____

Mobile Number: _____ E-mail: _____

Health Information:

All information is kept confidential and is required solely for health and safety considerations.

Do you smoke? _____

Do you have any dietary restrictions? If yes, please list.

Do you have any allergies? If yes, please list.

Do you have any medical conditions or disabilities? If yes, please list.

Do you take any medication regularly? If yes, please list.

Education Information:

Name of College or University: _____

Expected Graduation Date: _____ Class Year: _____

Major(s) or Concentration(s): _____

Cumulative GPA: _____ GPA in Major(s): _____

Academic awards or honors:

Scholarships or grants:

Independent research or publications:

Academic organizations or societies:

Extracurricular Activities and Experience:

List any current and/or previous extracurricular activities, internships, or other experiences you feel qualify you to be a strong contributor to the Pemón Health. Feel free to add more information on an additional page if needed.

Activity or Organization: _____

Period of Involvement (mm/yyyy – mm/yyyy): _____

Position: _____

Duties/Achievement: _____

Activity or Organization: _____

Period of Involvement (mm/yyyy – mm/yyyy): _____

Position: _____

Duties/Achievement: _____

Activity or Organization: _____

Period of Involvement (mm/yyyy – mm/yyyy): _____

Position: _____

Duties/Achievement: _____

Activity or Organization: _____

Period of Involvement (mm/yyyy – mm/yyyy): _____

Position: _____

Duties/Achievement: _____

Spanish Language Proficiency:

Please note: we may contact you for a brief telephone conversation in Spanish.

Please indicated your current Spanish speaking proficiency (native, fluent, semi-fluent, conversational, basic, none): _____

If you have taken Spanish language courses, please indicate below.

Institution: _____

Course Title(s): _____

Date (mm/yyyy – mm/yyyy): _____

Institution: _____

Course Title(s): _____

Date (mm/yyyy – mm/yyyy): _____

Other Spanish-speaking experiences (study abroad/work experience/travel)

Please indicate locations and length of time.

To gain a clearer sense of your Spanish language proficiency, please complete the following short-answer question *in Spanish*: Describe que significa el termino indigena.

Short Responses:

Please limit each response to 500 words; attach additional page if necessary.

Why do you want to work with Pemón Health?

Uruman is situated in a remote area with very few amenities. How do you anticipate dealing with the change in life style? (i.e. uncomfortable weather conditions, a basic diet, limited Internet access, etc.)

Why are you qualified to work with Pemón Health?

Payment Information:

While Pemón Health makes every effort to subsidize the costs associated with the summer program through funding from grants and charitable donations, the funds are insufficient to fully cover the costs of program initiatives and participant fees. As a result, Pemón Health needs participants to cover part of the program costs.

All participants must cover their own airfare costs to Caracas and must arrive on the time designated by the Pemón Health Organization in order for all participants to be met by group leaders. Pemón Health asks all participants to contribute the following, non-refundable estimated total funds to cover summer expenses (all estimates are subsidized costs based on 2009 summer program):

\$100	Transportation Costs (Round-Trip Ground Transportation to Urimán and in Caracas)
\$400	Food (~8 weeks; in Caracas, as well as grocery supplies while in Urimán)
\$150	Lodging
<hr/>	
\$650	Total*

*Angel Falls, which is the world's longest waterfall, is in a relatively close national park. A short trip to Angel Falls can provide participants with a better understanding of Pemón history and culture. Depending on the progress of project implementation, group leaders will decide whether or not to visit the site. The total cost of a trip to the Falls is about \$300, which each participant will have to pay. This brings the total possible cost to \$950.

Please circle all options you might choose if required to raise money to cover the participant costs of \$650.

- A. Application to grants and scholarships in your school and community (e.g. Swarthmore students can apply to grants available at the Lang Center for Civil and Social Responsibility as well as departmental grants).
- B. Organize a fundraiser or obtain a sponsor(s).
- C. Cover your own costs.

If you circled A, please list the grants / scholarships to which you intend to apply:

Scholarship / Grant name:

Granting Institution:

Description:

Award amount:

Applicant Signature:

Date:

Thanks for your interest in Pemón Health. Admissions are rolling until March 15. You will be notified of our decision within a few weeks. If you have any questions or concerns please contact us at ph@pemonhealth.org. Send the completed application along with your resume to:

yheo@pemonhealth.org **and** elopez@pemonhealth.org

or to

Erin Scanlon
500 College Ave
Swarthmore, PA 19801