



Spanish Immersion Program 2011  
Salamanca, Spain

Application

Instructions: 1. Complete the application and return with a deposit check of \$1,466 by October 20<sup>th</sup>, 2010 to Alex Gómez, 288 Washington Street #284, Brookline, MA 02445. Checks are to be made payable to “Your Spanish Experience”.  
2. Ask a teacher who knows you well to complete and return the recommendation form.

I. Student Information

I am applying for participation in the Spanish Immersion Program 2011 in Salamanca, Spain from July 3rd to July 22nd, 2011.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age (on 6/30/11): \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Spanish Class and teacher (if taking Spanish): \_\_\_\_\_

Citizenship, if not U.S.: \_\_\_\_\_

Name of current school: \_\_\_\_\_

Have you been abroad before? (Please list years, countries and time spent): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

II. Parent Information I live with:  2 Parents  Mother Only  Father Only

Parent 1: Last Name \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cellular: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Parent 2: Last Name \_\_\_\_\_ First: \_\_\_\_\_

Address (if different from above parent): \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cellular: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Whom should we contact first in case of emergency? \_\_\_\_\_

**III. Special Needs.** Please describe any special dietary or medical needs the student has (allergies, medications, etc.). Please indicate if the student is currently being treated for any medical, emotional or psychological conditions, or has been treated within the last year for any such condition.

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**IV. Statement.** In the space below, please describe briefly why you would like to participate in the Spanish Immersion Program 2011 in Salamanca, Spain.

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V. Please indicate if you have a preferred roommate: \_\_\_\_\_

