Scheduled Trip Application Form

Name:

Address:

Telephone: home: office: cell:

Email address:

I am a ___Student ___Educator ___Adult ___Volunteer

Name of Parent or Guardian (for Students):

Trip you are applying for: Dates: Destination:

Have you been to a developing world country before? If so, when, where and why? (use separate sheet if necessary)

Why do you want to go on this trip? What intrigues you most about the itinerary? (use separate sheet if necessary)

How did you hear about The Jim Arden Foundation?

Please fax this document to The Jim Arden Foundation at 203-461-9921, or mail it to us at: 138 Wood Ridge Drive, Stamford, CT 06905 If you are applying for a scholarship, do not use this form. Use the Scholarship Application Form found by clicking the link "Trip Scholarship" on our website: www.jimarden.org