

**University of Connecticut School of Social Work
 Travel Study to Puerto Rico
 May/June 2019
 Application of Interest**

Applicant Information	
Name (first, middle, last)	
Street Address	
City, State, Zip Code	
Cell Phone	
Home Phone	
Work Phone	
E-Mail Address	
Alternate E-Mail Address	

Applicant Status	
Please choose the category that applies to you	
___ MSW Student	___ PhD Student
___ Non-Degree Student, Credit EXT	___ UConn SSW Alumnus
I will be taking this travel study course for ___ Academic Credit ___ Continuing Education Credits	

Concentration	
Please choose the category that applies to you	
___ Individuals, Groups & Families	___ Community Organizing
___ Policy Practice	

Scholarship Request	
___ I <i>am</i> interested in applying for a travel study scholarship	
___ I <i>am not</i> interested in applying for a travel study scholarship	

Language Proficiency	
Do you speak Spanish?	___ Fluent ___ Some ___ None
Do you understand Spanish?	___ Fluently ___ I can get by ___ None
Have you ever been to Puerto Rico?	___ Yes ___ No

General Info	
Please describe your interest in this Travel Study to Puerto Rico. What do you hope to learn?	

Special Skills or Qualifications

Indicate any experience, skills, interests, or training that might bear on your contribution to this program.

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Health and Medical Information

Do you have any special health, medical, or personal needs we should be aware of in planning for a safe and healthy travel study experience?

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Other Information

Is there anything else you would like to tell us?

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Person to Notify in Case of Emergency

Name	
Relationship to Applicant	
Street Address	
City, State, Zip Code	
Cell Phone	
Home Phone	
Work Phone	
E-Mail Address	

Signature

Name (printed)	
Signature	
Date	

Save as an attachment and return to Dr. Catherine Medina

catherine.medina@uconn.edu