**Anubhuti, Jalgaon, India**

**CYAF Cultural Immersion Experience**

**Please complete the survey below, answering all thoroughly.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **General Demographics** | | | | | | | |
| 1. Name: | | | | | | | |
| 2. Contact Information:  Phone:  Email:  Other: | | | | | | | |
| 3. Gender: | | | | | | | |
| 4. Age: | | | | | | | |
| 5. When (academic semester) are you planning to go to Anubhuti? | | | | | | | |
| **Academics** | | | | | | | |
| 6. What is your major/minor areas of study?  Minor (if applicable): | | | | | | | |
| 7. What is your academic standing (please circle): | FR | SO | JR | SR | | GR | |
| 8. What is your current GPA? | | | | | | | |
| 9. Please describe your academic and career goals: | | | | | | | |
| **Cross Cultural Experiences** | | | | | | | |
| 10. Do you have a valid passport? | | | | | **Yes** | | **No** |
| 11. Have you traveled/studied abroad before?  **If yes: Please provide more details:** | | | | | **Yes** | | **No** |
| 12. What are your goals for this cultural immersion experience and why are you interested in participating? | | | | | | | |
| 13. How did you hear about this trip? | | | | | | | |
| **Medical and Other** | | | | | | | |
| 14. Do you have any medical conditions that are important for us to be aware of that might impact your health while abroad?  **If yes, please describe:** | | | | **Yes** | | | **No** |
| 15. Are you able to engage in activities requiring physical exertion (e.g., climbing a few flights of stairs without becoming winded, hiking on uneven ground)?  **If no, please describe:** | | | | **Yes** | | | **No** |
| 16. Do you require any regular prescription or over the counter medication?  **If yes, please describe**: | | | | **Yes** | | | **No** |
| 17. Do you have any allergies (e.g., food, insects, medication)?  **If yes, please describe:** | | | | **Yes** | | | **No** |
| 18. Please explain your current living situation (e.g., with parents, alone, with roommates…). | | | | | | | |
| 19. Do you have adequate financial resources to cover the cost of airfare, visa, other incidentals that are not covered by CYAF (approximately $2,200 - $2,800)? | | | | **Yes** | | | **No** |
| 20. Please describe a **recent** experience in which you were very upset (hurt, angry, afraid, etc…). What happened and how did you respond to the situation? | | | | | | | |
| 21. If selected for this trip, you would be sharing a room (and perhaps even a bed) with a same-sex peer. Would this be difficult for you? Please explain: | | | | | | | |

**Thank You!**

**Return completed application to:**

**Dr. Rochelle L. Dalla**

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