

Application Summer Institute in Israel – July 12 - July 31, 2008

Name_____

Date of Birth_____

Home Address_____

Home Phone_____ FAX_____

Home E-mail_____

Institution_____

Work Phone_____

Work Address_____

Work E-mail_____

Position_____

Social Security#_____

Passport #_____

Notification of acceptance will be mailed following the reception of completed application.

I will require hotel accommodations (Please check one)

Single room

Double room shared with another participant

Date of Arrival:_____

Date of Departure:_____

Please submit the following information with this application

- A complete curriculum vitae
- Statement of personal reasons for wishing to attend the Institute
- Non-refundable application fee (\$50.00)
(Make checks payable to NCCHE)
- Statement of need if applying for financial assistance

Please return application form and fee along with other requested information to:

Wilda Kaylor
NCCHE, Seton Hill University
1 Seton Hill Drive
Greensburg, PA 15601-1599