



## BIBLICAL STUDY AND TRAVEL PROGRAM

### Application Process

**April 29 - May 19, 2018**

Obtaining visas from the countries we will visit (Israel, Turkey, Greece) is the responsibility of each participant. U.S. Citizens will not need to acquire a visa for Israel or for Greece; and can acquire the visa for Turkey online at [www.evisa.gov.tr](http://www.evisa.gov.tr)

For those bearing another passport, please contact the Israeli, Turkish and Greek Consulates for information about their visa requirements. Please make sure that you allow enough time to get your visa(s). It may take up to 30 days to process.

If you are a citizen from a country other than the U.S., and you intend to return to the U.S. after this trip, make sure that your visa for the U.S. will not have expired before your return date.

CTU students should register for the coursework with the Registrar to be sure to receive graduate credit for this study trip. Others who wish to receive academic credit to apply to their home institution should contact the Registrar at CTU for the procedure.

Prior to the start of the trip, a Program Manual will be sent with more details about the program, including a calendar, what clothing to bring, a suggested amount of spending money and other details.

Application Deadline: February 1, 2018

#### **Tasks:**

1. Fill out the attached application and submit the \$250.00 deposit with your application. Note that the deposit is non-refundable should you cancel. You may charge the deposit to your credit card if you choose. Reservations will be confirmed upon receipt of the deposit. You will be billed for the remainder.
2. Complete and return as soon as possible as much of the application that you can fill out. Request a letter of recommendation be sent. Please send a copy of your passport. The passport information is especially important for making hotel and flight reservations during the trip.
3. Have your doctor complete and return the **Doctor's Approval Form** (p. 9) **by Feb. 1, 2018**.
4. Please send a photo of yourself. The photo should be about the size of a passport photo and may be sent via email or regular mail. This photo will be used for your International Student ID Card and a program manual that you will receive.
5. Please write a SHORT paragraph about yourself, that we can use in our program manual to 'introduce' participants to one another. It should be no more than 3-4 sentences. Please email it (if possible) to Sallie **by Feb. 1, 2018**. Otherwise please send it via regular mail.



**BIBLICAL STUDY AND TRAVEL PROGRAMS**  
Application Form

**April 29 - May 19, 2018**

Please print all information

**1. Name** (Please print your name as it appears on your passport)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**2. Mailing Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

(If you change your address, email or phone number any time before departure, please notify Sallie Latkovich, C.S.J., Director of the Biblical Study and Travel Office at CTU – CTUTravel@ctu.edu)

**3. E-mail address** \_\_\_\_\_

**4. Telephone Numbers**

Cell: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Day \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Evening \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Please include the country code if numbers are not in the U.S.

**5.** [If your bills should be sent to someone other than yourself (i.e. the Treasurer of your Religious Congregation), please put that contact information below (name, address, phone number and email address) ... otherwise, please leave these lines blank]

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**6. Passport Information**

Please be sure to send us a copy of your passport that shows the Issuing Country, Passport Number, Birth date, Date of Issue, and Expiration Date.

Reminder: If you do not have a passport or if your passport will expire before November 20, 2018 please apply for or renew your passport at your earliest convenience. After receiving your passport, please send a photocopy to Sallie Latkovich at CTU (CTUTravel@ctu.edu).

**7. Travel Plans**

We have discovered that it is less expensive if each person makes their own flight reservations; and some are

able to use frequent flyer miles. When booking flights, plan to arrive in TelAviv by 6 pm on Monday, April 30, 2018 in order to take the group shuttle to the hotel. Return flights are out of Athens, with departure in the morning of Saturday, May 19, 2018.

### 8. Travel Experience

\_\_\_\_\_ I have never traveled outside my home country.

\_\_\_\_\_ I have participated in other travel and/or study programs to the lands of the Bible.  
[Please provide a brief description of the program(s).]

\_\_\_\_\_ I have traveled to the following other countries:

### 9. Accommodations

Throughout the trip, accommodations are in shared double rooms. If you prefer a single room, there is an additional \$1,000 fee.

Do you already have a roommate for these trips? If so, who?

\_\_\_\_\_

If not, roommates will be assigned. To help make compatibility more likely, please answer the following questions:

Do you smoke? Yes No

Do you snore? Yes No

Are you a "night owl"? Yes No

Are you an early riser? Yes No How early? \_\_\_\_\_

### 10. Single Supplement

Do you wish to have a single room?

\_\_\_\_\_ I request a single room and understand it is an additional fee of \$1,000.

\_\_\_\_\_ I am not requesting a single room

### 11. My Ecclesiastical Background

I am a member of the \_\_\_\_\_ Church.

\_\_\_\_\_ I am a lay person: (Single \_\_\_ Married \_\_\_)

\_\_\_\_\_ I am a member of the following religious community:

Name of Congregation: \_\_\_\_\_

( \_\_\_ Professed \_\_\_ In Formation \_\_\_ Seminarian.....Year of Ordination \_\_\_\_\_ )

The initials that identify my congregation are: \_\_\_\_\_

\_\_\_\_\_ I am a member of the diocesan clergy: Diocese \_\_\_\_\_

( \_\_\_ Seminarian.....Year of Ordination \_\_\_\_\_ )

## 12. Letter of Recommendation

Current CTU students do not have to request a Letter of Recommendation. All other participants do. If you are not a current CTU student, please complete the following:

I have requested a Letter of Recommendation from \_\_\_\_\_  
Please give that person the two-page form for that purpose that is included at the end of this application (pp. 10 and 11).

## 13. Medical and Emergency Contact Information

Please fill out and return the **Medical and Emergency Contact Information Form**.

Also...please have your doctor complete the **Doctor's Approval Form** that is also included near the end of this application (p. 9). He/She needs to return it to Sallie Latkovich at CTU. It can be sent through regular mail or fax but not emailed.

**14. My Educational Background (Current CTU students may omit number 14)**

Please list all post-secondary schools attended:

School	Degree	Major(s)	Dates Attended

**15. My Interest in Biblical Studies**

Please provide a brief description of your education in biblical studies (credit and continuing education).

What are you looking for from the CTU Study and Travel Programs in terms of your continuing education in biblical studies?

**16. Certificate in Biblical Spirituality**

I am also applying for the Certificate Program in Biblical Spirituality Yes \_\_\_\_\_ No \_\_\_\_\_

Note: This program requires additional study in the Scriptures and Spirituality at CTU (a total of 24 credit hours).

**17. Academic Credit**

\_\_\_\_\_ I do not wish to pursue academic credit.

\_\_\_\_\_ I wish to apply for the graduate credits being offered for this trip.

(If you are applying for academic credit and you are not a current CTU student, please contact the Registrar at CTU for the procedure.)

**18. Name Tags** We will be making name tags for each person to wear to facilitate your getting to know one another. They will be made in this format sample:



Please indicate your preference based on how you would like to be addressed in everyday conversation.

Large Letters (on top) : \_\_\_\_\_

Smaller Letters (below): \_\_\_\_\_

## Final Reminders

1. If you do not have a passport that is valid for at least six months after your return from Israel (November 20, 2018), please apply for one as soon as possible and send a photocopy to Sallie Latkovich at CTU.
2. If you are **not** a CTU student and wish to receive academic credit, please contact us about admission requirements. The basic requirement for admittance is an undergraduate degree or its equivalent.
3. Please send this completed form and your deposit to:

**Sallie Latkovich, CSJ**  
**Director of Biblical Study and Travel Programs**  
**Catholic Theological Union**  
**5401 S. Cornell Ave.**  
**Chicago, IL 60615**  
**USA**  
**Office: 773.371.5436**  
**FAX: 773.324.1009**  
**E-Mail: CTUTravel@ctu.edu**

[It is acceptable to email this application with the provision that the signed original of p. 8 will be sent to Sallie via regular mail. Don't forget to send the deposit as well !!!!]

Make checks payable to Catholic Theological Union. Note that this deposit is non-refundable. The entire deposit will be deducted from the total cost of the program.

If you wish to pay by credit card, please call CTU's Business Office: 773.371.5405.

### Application Items Needed:

- Application form complete including Medical and Emergency Contact Information
- Deposit
- Photocopy of passport
- Doctor's Approval Form
- Photo and introductory paragraph
- Letter of Recommendation if not current CTU student



**BIBLICAL STUDY AND TRAVEL PROGRAMS**  
Medical and Emergency Contact Information

**Applicant's name:** \_\_\_\_\_

*Please provide the following information for use in case of a medical emergency:*

Physician's Name and/or medical facility \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Please include the country code if number is not in the US.)

Medical insurance: Company name: \_\_\_\_\_ Policy number \_\_\_\_\_

Telephone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Please include the country code if number is not in the US.)

**Emergency Contact:** In case of emergency, please contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone:

Cell: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Day \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Evening \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Please include the country code if number is not in the US.)

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If you are a member of a religious congregation, please supply the following information.

Congregational Contact Person: \_\_\_\_\_

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

City/State/Postal Code \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Please include the country code if number is not in the US.)

Please print your name at the top of this page \_\_\_\_\_

Please list medications (including over the counter medicines) you are currently taking and the condition for which this medication is required.

Medication	Condition

What, if any, physical limitations do you have?

Do you have any special dietary needs?

**Necessary Stamina**

Please give serious consideration to the following statement and affix your signature below it if you agree that you have the necessary stamina to participate in this retreat.

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I am aware that this trip requires daily and sometimes lengthy walking, occasionally on uneven ground, in a climate of intense heat. It also involves living cooperatively in a community setting for the duration of the trip. I have the physical, emotional, and mental strength to participate fully and I recognize that it is my responsibility to inform the staff should any health problems arise before or during the trip. I also realize this is an academically-oriented program.

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(Your signature)





**BIBLICAL STUDY AND TRAVEL PROGRAMS**  
Doctor Approval Form

Dear Doctor:

The person named below has applied for the Fall Biblical Study and Travel Program sponsored by Catholic Theological Union at Chicago. This is a three-week program of study and travel in Israel, Palestine, Turkey and Greece. **SOME ASPECTS OF THIS PROGRAM ARE PHYSICALLY DEMANDING BECAUSE OF THE AMOUNT OF WALKING OVER UNEVEN TERRAIN IN A HOT AND ARID CLIMATE THAT IS REQUIRED ON SOME DAYS.** Good general health is a fundamental requirement for participation. Coronary or respiratory problems, severe allergies, or problems with walking could be aggravated by the physical expectations of this program. It is difficult for participants to maintain special diets. Because of the adjustments that need to be made to community living in an unfamiliar culture, the applicant should have the emotional and psychological strength to make the necessary adaptations. Chronic psychological problems will only be exacerbated because of the adjustments that are typically required of participants.

After examining the applicant, please advise us of his or her suitability for our program. This statement is for the information of the program and will not in any way hold you legally liable for the applicant's acceptance into the program or for any injury or illness that might occur during the program. Thank you for your help.

Sincerely,  
Sallie Latkovich, C.S.J.  
Director, CTU Biblical Study and Travel Programs

Name of the applicant \_\_\_\_\_

(circle one) is is not in good general health for the travel program as described above. This trip requires daily and sometimes lengthy walking, occasionally on uneven ground, in a climate of intense heat.

Is there a physical condition of this applicant and/or medication taken by this applicant that the Program Director should be aware of (e.g. epilepsy, seizures, diabetes, cancer, a psychological/affective disorder)? If yes, please explain below.

Physician's Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax the completed form to:  
Sallie Latkovich, C.S.J., Catholic Theological Union, 5401 S. Cornell Ave., Chicago, IL 60615  
Office Phone: 773.371.5436, Fax 773-324-1009



**BIBLICAL STUDY AND TRAVEL PROGRAMS**  
Letter of Recommendation

Applicant's Name \_\_\_\_\_

I, the applicant, agree that the recommendation I am requesting shall be held in confidence by officials of Catholic Theological Union, and I hereby waive any rights I may have to examine it.

Yes\_\_\_\_\_ No\_\_\_\_\_

This person has applied to Catholic Theological Union's Biblical Study Program. This is a three-week program of biblical study and travel in Israel, Palestine, Turkey and Greece. It involves adjustment to a foreign culture and to community living, and visits to many archaeological sites. The participant must have an interest in serious study of Scripture and archaeology, be able to live cooperatively in community with both men and women and be sufficiently flexible to adjust to new situations and different cultures. The program is physically strenuous, involving a lot of walking on uneven terrain, steep climbs and desert climate. Anyone whose footing is unsure, who is already fatigued, is under psychological stress, has had surgery within six months prior to the beginning of the program, has dietary restrictions or has less than vigorous good health is not advised to undertake this program.

In the light of this description, would you please respond to the following:

How long and in what capacity have you known the applicant?

Please comment on the applicant's capacity to successfully participate in the kind of program described above. (The entire group depends on your honest recommendation)

Other comments

I verify that the information given above is complete and accurate to the best of my knowledge.

_____	_____
Date	Name (please print)
_____	_____
Relationship to Applicant	Your phone #
_____	
Your Address	
_____	
City/State/Zip	
_____	
Signature	

Please return to:

Sallie Latkovich, C.S.J.  
Director of Biblical Study and Travel Programs  
Catholic Theological Union  
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Chicago, IL 60615 USA  
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Fax: 773.324.1009  
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