BIBLICAL STUDY AND TRAVEL PROGRAM
Application Process

April 25 - May 15, 2020

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

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.

2020 Bible Travel & Study Trip Cost: $6475 including flights
Application Deadline: January 31, 2020
Please return the application and $300 non-refundable deposit to
Director Biblical Study and Travel Office
Catholic Theological Union
5401 S. Cornell Avenue, Chicago, IL 60615
(Deposit will be applied to the cost of the trip)

Tasks:

1. Fill out the attached application and submit the $300.00 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 (call 773-371-5405). 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. 3, 2020.

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 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 Ferdinand Okorie, ctutravel@ctu.edu by Feb. 3, 2020. Otherwise please send it via regular mail.
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 Ferdinand Okorie, CMF, 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]

   ________________________________

   ________________________________

   ________________________________

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 25, 2020 please apply for or renew your passport at your earliest convenience. After receiving your passport, please send a photocopy to Ferdinand Okorie at CTU (CTUTravel@ctu.edu).

7. **Travel Plans**

   Participants are expected to travel from Chicago to Israel with the group. This will give us time to relax from a long flight instead of spending our arrival day, April 26, 2020 trying to account for everyone coming in at different times on different flights. Also, the next day, April 27, 2020 we have a packed schedule that a good rest the day before will be helpful. Return flight is out of Athens on May 15, 2020. If you choose not to return from Athens to Chicago with the group, please contact Ferdinand Okorie, CMF, at ctutravel@ctu.edu or call 773-371-5521.
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 $1275 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 $1275.

_____ 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 Ferdinand Okorie 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:

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<th>School</th>
<th>Degree</th>
<th>Major(s)</th>
<th>Dates Attended</th>
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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?

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 18 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:  

Mary
Smith, OP

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 25, 2020), please apply for one as soon as possible and send a photocopy to ctutravel@ctu.edu.

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:

Ferdinand Okorie, CMF  
Director of Biblical Study and Travel Programs  
Catholic Theological Union  
5401 S. Cornell Ave.  
Chicago, IL 60615  
USA  
Office: 773.371.5521  
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 Ferdinand Okorie 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/Postal Code_________________________________________________
E-mail address________________________________________________________
Telephone:
Cell: _____ (_____)____________________ Day _____(_____)____________________ Evening _____(_____)____________________
(Please include the country code if number is not in the US.)

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.

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<th>Condition</th>
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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.

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.

(Your signature)
Dear Doctor:

The person named below has applied for the 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,
Ferdinand Okorie, CMF
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:
Ferdinand Okorie, CMF, Catholic Theological Union, 5401 S. Cornell Ave., Chicago, IL 60615
Office Phone:  773.371.5521, 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.

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<th>Relationship to Applicant</th>
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Your Address

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Signature

Please return to:

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Catholic Theological Union  
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Chicago, IL 60615 USA  
Office: 773.371.5521  
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