

BIBLICAL STUDY AND TRAVEL PROGRAM APPLICATION

April 25 – May 11, 2024

The Program

This year's Biblical Travel and Study Program will spend two weeks visiting some of the religious, historical, and nature sites in Israel and Palestine. The program will begin in Galilee and conclude in Jerusalem. Some of the sites we will visit include Nazareth, Capernaum, Megiddo, Dan, Caesarea Philippi, Bethlehem, Gethsemane, the Holy Sepulchre, the Via Dolorosa, the Western Wall, and Qumran.

Academic credit

CTU students who wish to take the program for academic credit will need to register for and participate in B4308 {part A} in the Spring Quarter and B4308i (part B) in the May term. Participants will earn three credits for each part for a total of six credits. These courses can substitute for any two BLL area requirements. Participants taking the program for credit will be billed by the Business Office at the prevailing tuition rate. Participants from ACTS schools register and pay tuition for academic credit at their home institution. Other participants who wish to earn academic credit can contact Leslie Hoppe (lesliejh@ctu.edu) for more information.

Cost of the Travel Program

Base cost of the program: \$5,726

Trip + Course Credit: \$8,957

This includes:

- Hotel accommodation (double occupancy) at half board (breakfast and dinner). *Single occupancy supplement cost: \$1,995*
- land transportation
- entrance fees to sites on our itinerary
- gratuities for driver and hotel staff

This does NOT include airfare, lunches, drinks, visas, or personal expenses.

Travel Documents: US citizens will be issued a no-cost visa upon arrival. All others should check the Israeli consulate in Chicago for information: T: 312-380-8800; email: contactus@chicago.mfa.gov.il. Note: your passport must be valid until at least November 20, 2024. If you need a passport or visa, apply for these immediately since the process can be lengthy. Participants who are not US citizens need to check their visa for the US to be certain that it will allow a return to the US following the program.

Applying to the Program

To apply for in the 2024 Biblical Travel Program please do the following:

- Complete the application form and accompanying documentation (see below), then send these electronically to Leslie Hoppe, OFM at lesliejh@ctu.edu
- Pay the \$300 nonrefundable deposit to the CTU Business Office at 773-371-5405.
- Email a copy of the first two pages of your passport, i.e., the pages that show your name, the issuing country, passport number, your date of birth, and the date when the passport was issued and its expiration date.
- Send a passport-sized photo of yourself with a 75-word bio. These will help us to become acquainted with each other. These will be included in 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.

COVID-19: Whatever Covid-19 protocol on international travel that is in place at the time of the trip will be followed by all participants. We will let you know closer to the date of travel any specific covid requirements.

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

Billing: Full payment for the program is due upon acceptance to the program. Please notify Leslie Hoppe, OFM is someone other than yourself is responsible for payment



BIBLICAL STUDY AND TRAVEL PROGRAMS
Application Form

April 25 - May 11, 2024

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 _____

3. E-mail address _____

4. Telephone Numbers

Cell: _____ Day _____ Evening _____

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

Note: If there are any changes to your postal address, email address, or telephone number before departure for Israel, please inform Leslie Hoppe, OFM (lesliejh@ctu.edu).

5. Billing: [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).]

6. Passport Information

Please be sure to include a copy of the first two pages of your passport, i.e., the pages that give your name, the Issuing Country, Passport Number, Birth date, Date of Issue, and Expiration Date. **Note:** Your passport must be valid until at least November 20, 2024. If it will expire before that date, you must apply for your passport to be renewed.

7. Accommodations

Throughout the trip, accommodations are in shared double rooms. If you prefer a single room, there is an additional **\$1,995** payable upon acceptance into the program. If wish a single room, please notify Leslie Hoppe, OFM when applying to the program.

8. 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_____)

9. Letter of Recommendation

Current CTU students **do not** need 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).

10. Medical and Emergency Contact Information

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

Please have your physician complete the **Doctor's Approval Form** that is included near the end of this application (p. 9). He/She needs to return it to Leslie Hoppe at CTU. *It should be sent through regular mail or fax (773.324.1009) but it should not be emailed to ensure your privacy.*

11. Academic Credit

____ I do not wish to pursue academic credit.

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

If want academic credit and are not currently a CTU or ACTS student, please providing the following information:

Please list all post-secondary schools attended:

School	Degree	Major(s)	Dates Attended

12. Certificate in Biblical Spirituality

I wish to apply 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).



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.

| <b>Medication</b> | <b>Condition</b> |
|-------------------|------------------|
|                   |                  |
|                   |                  |
|                   |                  |
|                   |                  |
|                   |                  |

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 travel program.

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I am aware that this trip requires daily and sometimes lengthy walking, occasionally on uneven ground, in weather that may be hot. 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 Biblical Study and Travel Program sponsored by Catholic Theological Union at Chicago. This is a three-week program of study and travel in Israel and in areas under Palestinian Authority. **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,  
Leslie J. Hoppe, OFM  
Director, CTU Biblical Study and Travel Programs

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

(check 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:  
Leslie J. Hoppe, OFM, Catholic Theological Union, 5416 S. Cornell Ave., Chicago, IL 60615  
Office Phone: 414-975-1236, 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 and in areas under Palestinian Authority. It involves adjustment to a foreign culture and to community living, and visits to religious, archaeological, and nature sites. The participant must have an interest in serious study of Scripture 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 walking on uneven terrain, in a climate that can be hot. 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 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)

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

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Date

---

Name (please print)

---

Relationship to Applicant

---

Your phone #

---

Your Mailing Address

---

City/State/Zip

---

Signature

Please return to:

Leslie J. Hoppe, OFM  
Director of Biblical Study and Travel Programs  
Catholic Theological Union  
5416 S. Cornell Ave.  
Chicago, IL 60615 USA  
Office: 414-975-1236  
Fax: 773.324.1009  
Email: [lesliejh@ctu.edu](mailto:lesliejh@ctu.edu)

## Application Checklist

Your application should include the following:

1. The completed application form
2. A copy of the first two pages of your passport
3. A passport-sized headshot in electronic form if possible and 75-word bio.
4. The completed medical and emergency contact information
5. Contact the CTU Business Office to pay the \$300 nonrefundable application fee. This fee will be applied to the cost of participation upon acceptance into the program.

1. Please email or post this completed form to:

Email: [lesliejh@ctu.edu](mailto:lesliejh@ctu.edu)  
Leslie Hoppe, OFM  
Director of Biblical Study and Travel Programs  
Catholic Theological Union  
5416 S. Cornell Ave.  
Chicago, IL 60615  
USA  
Tel: 414-975-1236  
FAX: 773.324.1009

Also visit your physician and have the physician send the Doctoral Approval Form to Leslie Hoppe  
Have a letter of recommendation, using the Letter of Recommendation Form sent to Leslie J. Hoppe. (CTU students may omit this step).

**If you wish more information or have any questions, please contact**

Leslie J. Hoppe, OFM  
T: 414-975-1236  
Email: [lesliejh@ctu.edu](mailto:lesliejh@ctu.edu)