



Study Abroad Application Thailand Winter 2024

Personal Information

Name:	Date of Birth:
Passport #:	Passport Expiration Date:
Street Address:	
City:	State & Zip Code:
Phone:	Email:
Social Security #:	

Emergency Contacts - *Someone who will not be with you in Thailand*

Primary:

Name:	Relation to Student:
Street Address:	
City:	State & Zip Code:
Phone:	Email:

Secondary:

Name:	Relation to Student:
Street Address:	
City:	State & Zip Code:
Phone:	Email:

Have you ever been convicted of a crime? Felony? Explain.

Medical

Primary Physician:	Phone:
Insurance Company and ID #s:	
Medications you are currently taking:	
Allergies to Medications:	
List any health conditions you have (including allergies):	
There will be a moderate amount of physical activity on this trip including walking, yoga, Thai Massage and hiking. Are there any conditions that prevent you from participating in this way?	
Dietary Restrictions:	
Food Allergies:	

Please visit your doctor at least **8 weeks** before departure to discuss your travel plans and whether or not they recommend shots or medications to bring with you.

Please check with your health insurance company to discuss coverage overseas. If you will not be covered overseas then you should purchase travel insurance.

Living Sabai/Jill Burynski is NOT responsible for any illness or injury that may arise during your travel. You are responsible for your safety and well- being.

Living Sabai does not discriminate on the basis of sex, religion, race, color, sexual orientation, national or ethnic origin in the administration of its policies and programs. The information that you provide on this application form will be kept confidential and shared only with authorized staff and faculty.

General Questions-

Please use a separate sheet of paper.

1. Why are you interested in participating in Living Sabai Study Abroad Trip? Why do you think this a good fit for you at this point in your life? Be specific.
2. Describe the kind of community/ group experiences you have had in the past? What have been some of your successes working with groups? What have been some of your challenges?
3. Have you traveled overseas before? Where, when and for how long?
4. Please list 3 goals you have for this trip and why.
5. Please list all concerns, fears, or perceived challenges you have for this trip and why.

Please provide a brief bio about yourself.

Please provide **two letters of recommendation** that provide details on why you are a suitable candidate for the Study Abroad trip.

***** Have you completed or are you registered for the required prerequisite classes? *****

Please list dates and locations below.

Thai Massage 3-Day Intensive _____

Thai Massage Weekend Immersion _____

I attest that all information provided in this application is true to the best of my knowledge. I agree to follow all recommendations stated on this form. I agree to inform Living Sabai/ Jill Burynski of any changes that occur from time of submission to the last date of this trip. I agree to release any and all liability to Living Sabai, Jill Burynski, and staff members for any loss, injury, damage or expense directly or indirectly arising during before or after Study Abroad Thailand Trip.

Signature: _____

Date: _____