Student Training Application

Field Training in World Hunger and Malnutrition:
Practical Skills to Make a Difference
May 20-June 2, 2012

Participant Information

Vame:	First	Middle	
referred name for course cert	ificate:		
itizenship:	Passport Number and Expiration	on:	
ame as it appears in passport	::		
ane us it appears in passport			
lease circle preferred title: M	r., Mrs., Miss, Ms., Dr., Pastor, Re	v., other	
.ddress:			
ity: State:	Country:	Postal Code:	
none:	Fax No:	_ E-Mail	
ate of Birth:	— Male—— Female——	_	
ease check which of the follo	owing is/are most descriptive of	your work?	
student	educ	educational institution	
career missions	non-	non-profit agency	
short-term missions	gove	government agency	
church leadership	othe	r	
community developm	nent		
decostional Doctor and Di	on that ones do one/ in editors		
_	se list any degrees/ institutions a	ind/ or significant lif	
xperiences.			

Name of current employment and description of work you do:
Please list the names of any mission, church, development agency or training institution you are associated with:
How did you learn about SIFAT? Please specify contacts.
Why do you want to take this course?
What 3 things do you most want to learn from the course?
Transportation:
Arrival date: Time:am/pm Departure date: Time:am/pm Arriving by: car plane (Atlanta or Birmingham) bus (Anniston)
Departing by: car plane (Atlanta or Birmingham) bus (Anniston)
Pick-up needed: yes no Drop off needed: yes no
Transportation to/from airport (\$30 each way) bus station (\$20 each way)
Applicant's signature Date