

Student Training Application

Field Training in World Hunger and Malnutrition: Practical Skills to Make a Difference

SIFAT Field Training • May 17 – 30, 2009

Participant Information

Name: _____
Last First Middle

Preferred name for course certificate: _____

Citizenship: _____ Passport Number and Expiration: _____

Name as it appears in passport: _____

Please circle preferred title: Mr., Mrs., Miss, Ms., Dr., Pastor, Rev., other _____

Address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Phone: _____ Fax No: _____ E-Mail _____

Date of Birth: _____ Male _____ Female _____

Please check which of the following is/are most descriptive of your work?

- | | |
|--|--|
| <input type="checkbox"/> student | <input type="checkbox"/> educational institution |
| <input type="checkbox"/> career missions | <input type="checkbox"/> non-profit agency |
| <input type="checkbox"/> short-term missions | <input type="checkbox"/> government agency |
| <input type="checkbox"/> church leadership | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> community development | |

Educational Background. Please list any degrees/ institutions and/ or significant life experiences. _____

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