

STATEMENT OF PURPOSE

FORM 1 OF 6

DUE FEBRUARY 15, 2009

In two of three paragraphs please describe any university or professional experience relevant to your course selection. Also tell us what you hope to gain by attending the summer study program.

SIGNATURE

DATE

RECOMMENDATION

NOTE 2 academic recommendations are required

FORM 2 OF 6

DUE FEBRUARY 15, 2009

TO THE APPLICANT

This form is to be completed by a person, other than a friend or family member, who is familiar with your artistic and/or academic work. For the convenience of your reference complete the top portion of this form yourself and provide your reference with a stamped and addressed envelope.

APPLICANT'S NAME

SOCIAL SECURITY #

I am applying to study at the Viterbo, Italy Summer Program in Summer 2009.

Under the provisions of the Family Educational Rights and Privacy Act,

{ } I retain my right of access to information contained in this recommendation.

{ } I waive my right of access to information contained in this recommendation.

SIGNATURE OF APPLICANT

DATE

TO THE REFERENCE

The applicant named above is applying for a scholarship to the study-abroad program sponsored by Montserrat College of Art. Students are selected on the basis of artistic and academic ability and personal maturity. Please provide your frank opinion of the applicant's qualifications.

1. For how long and in what capacity have you known the applicant?
2. Please assess the quality and level of the applicant's artistic and/or academic work describing strengths and weaknesses.
3. How would you rate the applicant's ability to adjust easily to new or changing situations or environments? Bear in mind that the intensity of the Viterbo, Italy Program requires a high degree of maturity self-motivation and commitment.
4. Please describe how the applicant relates to others, including teachers and peers.
5. Please make any additional comments about the applicant's qualifications for participation in a study-abroad program.
6. { } I strongly recommend this applicant for the study-abroad program.
 { } I recommend this applicant, but have reservations as noted above.
 { } I do not recommend this applicant for the study-abroad program.

NAME OF REFERENCE

POSITION OR TITLE

COLLEGE OR UNIVERSITY

TELEPHONE

ADDRESS

May we contact you if we have any about your recommendation?

{ }yes { } no

SIGNATURE OF REFERENCE

DATE

RECOMMENDATION

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FORM 2 OF 6

DUE FEBRUARY 15, 2009

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POSITION OR TITLE

COLLEGE OR UNIVERSITY

TELEPHONE

ADDRESS

May we contact you if we have any about your recommendation?

{ } yes { } no

SIGNATURE OF REFERENCE

DATE

COURSE REGISTRATION

FORM 3 OF 6

DUE FEBRUARY 15, 2009

NAME

PLEASE PRINT YOUR FULL NAME AS IT APPEARS ON YOUR PASSPORT.

DATE OF BIRTH

GENDER

STREET

CITY

STATE

ZIP

LOCAL TELEPHONE

CELL PHONE

HOME ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT TELEPHONE

EMAIL ADDRESS

SOCIAL SECURITY #

FOR INTERNATIONAL STUDENTS ONLY

NAME

PLEASE PRINT YOUR FULL NAME AS IT APPEARS ON YOUR PASSPORT.

COUNTRY OF CITIZENSHIP

COUNTRY OF BIRTH

US IMMIGRATION STATUS

I CURRENTLY DO NOT HAVE A US VISA I MUST APPLY FOR AN F-1 VISA

I CURRENTLY HAVE A VALID US VISA _____ TYPE (F-1, H-1, GREEN CARD, ETC.)
NUMBER

I WISH TO REGISTER FOR THE FOLLOWING COURSES

COURSE NAME COURSE # AUDIT CREDIT

COURSE NAME COURSE # AUDIT CREDIT

I WISH TO APPLY FOR SCHOLARSHIP AID YES NO

The scholarship application deadline is February 15, 2009. You must file a FAFSA for consideration.

COLLEGE CREDIT INFORMATION

Students successfully completing courses receive college credit from

Montserrat College of Art, 23 Essex Street, Box 26, Beverly MA 01915

Since each institution of higher learning makes its own decisions on the acceptance of transfer credits, students affiliated with other colleges and universities are advised to check with their home institutions. Montserrat cannot guarantee that such credit will transfer to another institution.

Students must register for credit before departure.

APPLICANT SIGNATURE

DATE

I certifying that the information I have submitted is complete and correct to the best of their knowledge.

VITERBO SUMMER PROGRAM 2009

PAYMENT 1 of 3

FORM 4 OF 6

DUE FEBRUARY 15, 2009

Please include a signed check Payable to Montserrat College of Art - Viterbo for deposit & registration in VITERBO SUMMER PROGRAM 2009

DEPOSIT AMOUNT \$375 non-refundable

Amount Enclosed \$

An exception is made for Scholarship applicants who are denied acceptance and therefore do not attend, \$275 of the deposit is refundable in these instances.

Tuition is \$5375. A \$75 late fee is charged for each missed payment. If payment is not received in full by April 15, 2009 the College reserves the right to withdraw your application. Refunds will be issued for amounts previously paid less the \$375 deposit and any late fees assessed.

RETURN TO

Viterbo Summer Program, Montserrat College of Art, att: Bursar, 23 Essex Street Box 26, Beverly MA 01915
fax 978 922 4268

VITERBO SUMMER PROGRAM 2009

PAYMENT 2 of 3

FORM 4 OF 6

DUE MARCH 15, 2009

Please include a signed check Payable to Montserrat College of Art - Viterbo for deposit & registration in VITERBO SUMMER PROGRAM 2009

AMOUNT \$2500

Amount Enclosed \$

Tuition is \$5375. A \$75 late fee is charged for each missed payment. If payment is not received in full by April 15, 2009 the College reserves the right to withdraw your application. Refunds will be issued for amounts previously paid less the \$375 deposit and any late fees assessed.

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fax 978 922 4268

VITERBO SUMMER PROGRAM 2009

PAYMENT 3 of 3

FORM 4 OF 6

DUE APRIL 15, 2009

Please include a signed check Payable to Montserrat College of Art - Viterbo for deposit & registration in VITERBO SUMMER PROGRAM 2009

AMOUNT \$2500

Amount Enclosed \$

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TRAVEL RELEASE

FORM 5 OF 6

DUE APRIL 15, 2009

I, _____ a participant in the Montserrat College of Art's program in Viterbo Italy do voluntarily and without reservation and realizing the full significance of my action waive renounce and release on behalf of myself, my heirs and my estate all claims of whatever nature for any injury, loss, damage, delay, irregularity or expense caused by strikes, war, weather, sickness, quarantine, government restrictions or regulations arising from any aft of omission of any steamship line, airline, bus company, school or university, firm, agency or individual, or for any other cause in connection therewith against any staff member of the program accompanying or leading this trip, their heirs or estates, or against any school, college or university, their Trustees or Officers, which grant credit to students for the successful completion of this program.

I have satisfied the Montserrat College of Art requirement of acquiring medical coverage for the duration of the program. I grant to the Montserrat College of Art Summer Program full authority to take whatever action they feel is warranted under the circumstances regarding my health or safety on the trip. This authority will permit the tour leader and/or Staff members to place me at my own expense in a hospital at any point abroad for medical services or treatment, or if no hospital is available to place me in the hands of a local medical doctor for treatment. The program leader and staff members are further authorized to fly me back to the United States at my own expense if this be deemed by the program leader and/or staff members in consultation with local medical authorities to be necessary.

It is expressly understood and agreed by the undersigned that Montserrat College of Art provides chaperones and supervision on this trip, but that I as a student am responsible for my individual conduct, health and safety at all times. It is further understood however that nothing stated herein shall relieve me from adhering to the stipulations set forth in this document.

The Montserrat College of Art through faculty members and staff in charge, reserves the right to suspend or terminate my participation in the trip for failure to maintain the standards of the program, the stipulations set forth above, or it be deemed that my acts of conduct are detrimental to, or incompatible with the interests, purpose or welfare of the Montserrat College of Art. Such suspension will in no way entitle me to a refund of either tuition or any portion of the trip. It is further understood that if I fail to participate or terminate my participation in the Montserrat College of Art program, I will not be entitled to a refund of either tuition or any unused portion of the cost of the trip.

STUDENT SIGNATURE

NOTARY SIGNATURE, DATE & SEAL

PARENT SIGNATURE FOR STUDENTS UNDER 21

NOTARY SIGNATURE DATE & SEAL

APARTMENT REGISTRATION

FORM 6 OF 6

DUE APRIL 15, 2009

Please fill out all of the following information for apartment registration in Italy.

LAST NAME FIRST NAME

DATE OF BIRTH

PLACE OF BIRTH

CITY STATE/PROVINCE COUNTRY

HOME ADDRESS

STREET

CITY STATE ZIP

LOCAL TELEPHONE CELL PHONE

EMAIL ADDRESS

EMERGENCY CONTACT PERSON

RELATIONSHIP TELEPHONE

COUNTRY OF CITIZENSHIP

PASSPORT NUMBER

DATE OF ISSUE VALID UNTIL

FILL OUT IF APPLICABLE

VISA

ISSUED BY VALID UNTIL

{ } MALE { } FEMALE

{ } SMOKER { } NON SMOKER

ROOMMATE REQUEST

OTHER SPECIAL CONSIDERATIONS?

NOTE

Please apply for passport as early as possible in that it takes over 4 months for passport to be issued.

IMPORTANT

Do not return this form until you have the required passport information. We use this form to register all program participants with the Italian authorities. Information must be complete and accurate.