



International Honors Program Application Instructions

Print out this application, and mail to the address at the bottom of this form. All application materials must be sent together (except items 2-3 and item 8). Item 8, the homestay letter and electronic photograph, must be emailed to info@ihp.edu as a Word document. Essays 4-6 should be single-spaced and printed double-sided. Be sure to include your name on every sheet. Mark each completed item in the space provided below. This application is complete only when IHP has received all materials indicated in items 1–11. All materials must be mailed by the deadline.

If you are accepted to IHP, you will be asked to submit a series of confirmation materials, including a *Medical Information* form and a *Physician Medical Report and Examination* form. Failure to submit these materials by the deadline could jeopardize your participation on IHP. IHP will send all accepted students further details about confirmation materials and deadlines.

Legal Name of Applicant

- 1. Application form:** Enclose the two-page application form with the required signatures.
- 2. Transcript:** Enclose an official copy of your college transcript or request that an official transcript be sent directly from your university.
- 3. Two letters of reference:** At least one letter must be from a faculty member who has had direct experience with your academic work. The letters may be sent by mail, fax, or email.
- 4. Relevant activities and experiences:** Briefly describe your extracurricular activities and experiences (employment, organizations, community service, hobbies, training, performing, etc.) over the past few years and how they have helped prepare you to participate in IHP. (250 words max)
- 5. Intercultural experiences:** Briefly describe a significant intercultural experience you may have had at school, work, while traveling, or in your community from which you learned something about yourself, another culture, or your own culture. (250 words max)
- 6. Application essay:** Analyze what you hope to gain as an IHP participant by describing a potential topic, question, or issue that reflects your interests, ideas, dreams, and passions as they relate to the specific IHP program you are applying to. What do you think you will contribute to the IHP learning community? In addition, please list in brief bullet points, 2-4 themes you would like to explore in greater detail on the program. (250 words max)
- 7. Writing sample:** Enclose a short paper (no more than five pages) written for a college course. The grade may or may not be included.
- 8. Electronic homestay letter and photograph, emailed to info@ihp.edu:** Type a one-page letter to your homestay family. Begin with “Dear Host Family,” thank them for accepting you into their home and tell them about yourself. You may choose to describe your interests, your community, your family, or whatever you feel might give your hosts some background and ways to better engage with you when you arrive. Insert an electronic photo of yourself into the document. This letter and photo will not be used in determining your admission to IHP. If you are accepted, it will be forwarded to country coordinators and homestay families. Email your homestay letter as a Microsoft Word document to info@ihp.edu. Be sure to include your full name and program choice in the title of the document (“LastName_FirstName_ProgramName_HomestayLetter”). (200 words max)
- 9. Passport copy:** Submit a clear, legible copy of the information page of your passport. The copy must be the original size. If you do not have a valid passport or it is going to expire, you may still submit your application and send a passport copy later.
- 10. Passport-sized photograph:** Submit one recent, passport-sized photograph with your application. Please write your name on the back of the photograph.
- 11. Nonrefundable \$50 application fee:** Attach a check to the application form. Applications cannot be processed without this fee. Please make all checks or money orders payable to “International Honors Program”. Be sure to indicate applicant’s name and program choice on the check.
- 12. IHP grant application:** If financial aid is required for you to participate, please refer to the instructions in the Financial Aid section of the IHP website www.ihp.edu/page/financialaid/. Your request for aid will be considered independently of your application for admission.



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PLEASE PRINT

Legal Name of Applicant

Nickname

Please indicate your program and year preference (and, if applicable, indicate your 2nd choice):

Year: 20 _____

Rethinking Globalization: ___ Academic Year

Cities in the 21st Century: ___ Fall Semester ___ Spring Semester

Health and Community: ___ Spring Semester, Option 1 ___ Spring Semester, Option 2

Current/School Mailing Address

Dates Valid

Permanent/Home Address

Current Phone: Cell or Landline (Circle one)

Permanent/Home Phone

Primary E-mail Address

Secondary E-mail Address

Country of Citizenship

If not a U.S. citizen, please indicate your status

Do you have a passport valid for at least 6 months after the program ends? Yes No

Date of Birth

Gender

Social Security #

School Currently Attending

Major(s)

Standing during program Freshman Sophomore Junior Senior Graduate

Degree/Year Expected

How did you hear about IHP?

Have any of your friends or family participated on IHP? Yes No. If yes, please list their names: _____

May we share pre-departure and program information with your parent(s)/guardian(s)? Yes No

If yes, please list each individual parent/guardian with whom we can share information.

Parent or Legal Guardian

Parent or Legal Guardian

Occupation (optional)

Occupation (optional)

Address

Address

Phone and Type

Phone and Type

E-mail

E-mail

Bills are to be sent to (name)

Signature of person to be billed

Billing Address

The applicant and his/her parent(s) or legal guardian(s) must sign this application, and it is understood and agreed that all signatories have read and are familiar with the Terms and Conditions appearing herewith and are in agreement therewith, and that every applicant accepted and his/her parent(s) or legal guardian(s) are bound hereby.

Applicant's Signature

Date

Parent/Guardian Signature

Date



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Legal Name of Applicant

IHP Program Preference

Current Students: The statement below should be checked and signed by your study abroad advisor.

To the best of my knowledge, this student is in good academic and social standing on our campus.

Please check one:

- I support this student's application to IHP.
- I do not support this student's application to IHP. (Please explain on separate sheet.)

School Official's Signature

Date

School Official's Name and Title

Address

Phone

Email

Indicate below the names of your academic advisor and your study abroad advisor.

Indicate the two individuals you have asked to write recommendations.

Advisor

Reference 1

Name and Title

Name and Title

University and Department

University and Department

Street or P.O. Box No.

Street or P.O. Box No.

City, State, Zip Code

City, State, Zip Code

University Phone Number

Phone Number

Email Address

Email Address

Study Abroad Advisor

Reference 2

Name and Title

Name and Title

University and Department

University and Department

Street or P.O. Box No.

Street or P.O. Box No.

City, State Zip Code

City, State Zip Code

University Phone Number

Phone Number

Email Address

Email Address

If you would like to have a catalog sent to a friend, colleague or family member, please indicate their contact information:

Name

Email Address

Address