

**PACIFIC SCHOOL OF RELIGION**

Course Title \_\_\_\_\_ Course Number: \_\_\_\_\_

**NATIONAL IMMERSION APPLICATION FORM**

RETURN THIS APPLICATION and \$150 DEPOSIT CHECK payable to **PSR**  
**By October 15th**

(deposit is refundable if application is not accepted)

*Please note the name of the immersion course on your check*

TO:

Maura Tucker, Director of Contextual Learning  
Holbrook 125  
1798 Scenic Avenue, Berkeley, CA 94709  
ContextEd@psr.edu

(Use extra paper if needed to complete answers.)

**CONTACT INFORMATION**

1. **Name:** \_\_\_\_\_ **Gender:**  
\_\_\_\_\_
2. **Address:**  
\_\_\_\_\_
3. **Phone Numbers:**  
\_\_\_\_\_  
**email:**  
\_\_\_\_\_  
\_\_\_\_\_
4. **GTU School of Affiliation:** \_\_\_\_\_ **Degree Program:**  
\_\_\_\_\_

**IDENTIFICATION INFORMATION**

5. **Date of Birth:** \_\_\_\_\_ **Birthplace:**  
\_\_\_\_\_
6. **Citizenship:**  
\_\_\_\_\_
7. **Passport Number:** \_\_\_\_\_ **Exp. Date:**  
\_\_\_\_\_
8. **IN CASE OF EMERGENCY, PLEASE NOTIFY:**  
**Name:**  
\_\_\_\_\_

**Relationship:**

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**Address:**

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**Phone Numbers:**

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**Email:**

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9. Does your emergency contact person have health care/medical power of attorney? Yes  No

If not, whom should we contact if medical decisions need to be made on your behalf? Please provide complete contact information.

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10. Why do you want to participate in this intensive?

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11. What kinds of presentations, advocacy and other support work might you plan upon your return to PSR?

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12. Our time on the immersion trip will be limited and intense. How do you respond when under stress and confronted by important issues and deadlines? How do you respond when living in community?

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14. What is your understanding of the role of faith communities and religious leadership in political advocacy and public policy?

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15. There are many sources you might explore for financial support, including personal savings/income, loans, grants, letters requesting personal sponsorship, PSR immersion funds, denominational and/or congregational support, and community group sponsorship/promise of

presentations. Is there any reason you would not be able to participate in any collective student fundraising efforts?

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16. Do you have health care insurance? Yes  No

If Yes, are you familiar with how to use your insurance in other locations? Yes  No

By signing this application, I acknowledge that I understand that if this trip is cancelled, any monies already paid for trip expenses that are not refundable to PSR will not be refundable to me. I also agree to attend all pre-trip sessions, dates to be determined by faculty and delegation.

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Signature

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Date