

Ceiba Foundation for Tropical Conservation  
"Tropical Ecosystems: Andes to Amazon"  
Course Application Form

Ceiba Education Programs  
2319 N. Cleveland  
Chicago, IL 60614  
courses@ceiba.org  
www.ceiba.org/courses.htm

Please fill out all form fields, then print or email application. See Ceiba website for deadlines and details.

**Personal Information**

First & Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: F  M

Are you a U.S. citizen? Yes  No

If no, please indicate citizenship \_\_\_\_\_

**Mailing address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates during which this address is valid: from \_\_\_\_\_ to \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Parent or Guardian Address:**

Name(s) \_\_\_\_\_

Relationship \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## References

### First Academic or Professional Reference

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company or Institution \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### Second Academic or Professional Reference

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company or Institution \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Education

	Institution Name City & State	# Years Completed	G.P.A.	Year Graduated
High School				
College				
Other				

List any university biology (zoology, botany, ecology, etc.) classes you have had:

Do you speak Spanish? If so, please describe your level of competence:

Briefly explain why you want to take this course: what do you wish to gain from your experience, what do you hope to learn? (250 words max.)

Describe any prior experiences relevant to your course participation. (250 words max.)

How might your participation contribute to the success of the course? (250 words max.)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure you have enclosed:

- Student Recommendation Form
- Official copy of undergraduate transcript(s)
- Letter of health from your doctor
- \$50 Application Fee (\*except Wisconsin applicants)

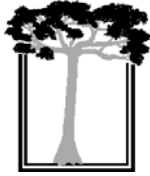
**Applying through Ceiba? Mail to:**

Ceiba Foundation for Tropical Conservation  
TCE Semester Abroad  
2319 North Cleveland  
Chicago, IL 60614  
Fax: (773) 871-3798  
[courses@ceiba.org](mailto:courses@ceiba.org)

**Applying through Wisconsin? Mail to:**

University of Wisconsin - Madison  
International Academic Programs  
250 Bascom Hall  
Madison, WI 53706  
Tel: (608) 265-6329  
[peeradvisor@bascom.wisc.edu](mailto:peeradvisor@bascom.wisc.edu)

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**Ceiba Foundation for Tropical Conservation**  
**"Tropical Ecosystems: Andes to Amazon"**  
**Student Recommendation Form**

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*Please fill out all fields, then return form and letter of recommendation by email, fax or postal mail.*

Applicant's name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Referee:** The student listed above has applied to participate in an intensive field ecology course in Ecuador, South America. The course visits a remote research station in the Amazonian lowlands, and features several extended trips at field sites located throughout the country. Students, instructors, and course assistants live together in a close and continuous academic environment that presents intellectual and interpersonal challenges to everyone involved. Lectures assume that students have a basic understanding of the principles of biology, and have taken at least one college-level course in biology, zoology or botany. Please provide an evaluation of the applicant's academic preparedness, maturity, interpersonal skills, and potential for success and satisfaction in this type of program.

For how long have you known the applicant? \_\_\_\_\_

In what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach a separate letter of recommendation for this applicant.*

Referee name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Referee signature

\_\_\_\_\_  
Date

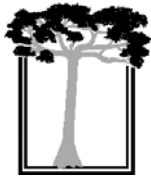
**Please fill out all fields, and email, fax or post the form and letter to:**

***Ceiba Applicant:*** Ceiba Foundation for Tropical Conservation, 2319 N. Cleveland, Chicago, IL 60614.

Tel/fax: 773-871-3798. Email: [courses@ceiba.org](mailto:courses@ceiba.org). Info at [www.ceiba.org/TCEsemester.htm](http://www.ceiba.org/TCEsemester.htm).

***Wisconsin Applicant:*** UW International Academic Programs, 250 Bascom Hall, Madison, WI, 53706.

Tel: 608-265-6329. Email: [peeradvisor@bascom.wisc.edu](mailto:peeradvisor@bascom.wisc.edu). Thank you for your time.



**Ceiba Foundation for Tropical Conservation  
Support Our Programs!**

Mail form to:  
Ceiba Foundation  
2319 North Cleveland  
Chicago, IL 60614  
Fax: (773) 871-3798  
mail@ceiba.org

*(Note: You are not required to make a donation to take one of our field courses)*

I understand that non profit organizations require the support of their community to successfully accomplish their goals. I wish to join Ceiba's group of donors to sponsor their research, conservation and education programs in the tropics.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my donation of:

- |                                |                                      |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> \$25  | <input type="checkbox"/> \$250       |
| <input type="checkbox"/> \$50  | <input type="checkbox"/> \$500       |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> Other _____ |

**THANK YOU FOR YOUR SUPPORT!**

*The Ceiba Foundation for Tropical Conservation is a nonprofit corporation under section 501(c)(3) of the Internal Revenue code, and does not discriminate on the basis of, age, gender, religion, race, ethnic origin, or sexual orientation.*