



# TROPICAL CONSERVATION EXPERIENCE

Ceiba Foundation for Tropical Conservation  
Universidad San Francisco de Quito

## Application Form



*Please complete all fields. See Information Packet or Ceiba website for program dates, deadlines and fees.*

### Personal Information

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing address:

Street \_\_\_\_\_  
\_\_\_\_\_

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

Country \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone \_\_\_\_\_

Parent or Guardian address (if different from above):

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

Relationship(s) \_\_\_\_\_

Street \_\_\_\_\_  
\_\_\_\_\_

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

Country \_\_\_\_\_ Zip \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: F  M

U.S. citizen? Yes  No  (If no, indicate citizenship \_\_\_\_\_)



## References

### First Academic/Professional Reference

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

Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

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

Country \_\_\_\_\_ Day phone \_\_\_\_\_

Email \_\_\_\_\_

### Second Academic/Professional Reference

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

Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

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

Country \_\_\_\_\_ Day phone \_\_\_\_\_

Email \_\_\_\_\_

## Education

	Name, City & State	# Years Completed	G.P.A.	Graduation Date
High School				
College				
Other				

Briefly explain why you wish to participate in this program: what aspects most interest you, what do you wish to gain from the experience, and what do you hope to learn? (250 words max.)

Describe any prior experience(s) or other factors you would like us to consider in evaluating you as a possible participant in the program. (250 words max.)



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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

- Make sure you have enclosed
- Student Recommendation Form
  - University Transcript
  - Letter of health from your doctor
  - \$100 Tuition Deposit (check or money order)\*

\* Not applicable to students enrolling through University of Wisconsin International Academic Programs.

**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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## Student Recommendation Form



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

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

**Referee:** The student listed above has applied to participate in an intensive semester study abroad program in Ecuador, South America. The course involves travel to remote field sites including the Amazonian lowlands and the Galapagos Islands, and extended home stays with Ecuadorian families. Students, instructors, and course assistants live together in a close and energetic academic environment that presents intellectual and interpersonal challenges to everyone involved. To succeed in the program, students should have a basic understanding of the principles of biology, and have taken one 4-credit university 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 letter of recommendation for the applicant, in the context of the situation described.

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).

