



AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS—2015

Dear Applicant:

Thank you for your interest in the *AHIF College Student Foreign Policy Trip to Greece and Cyprus*. This program is designed to give qualified college students and graduates an opportunity to receive first-hand experience about the foreign policy issues affecting Greece and Cyprus, their relations with the U.S., and the interests of the U.S. in the region. The trip will begin with briefings in Washington followed by a series of policy briefings and cultural activities in Cyprus and Greece.

The program is open to Greek American and Cypriot American college students who are in good academic standing. While students who are studying political science, international relations, history, government, law and foreign affairs would benefit the most other students who have a keen interest in US-Greek-Cyprus relations will also benefit from this program. Applicants should be undergraduate and graduate students (rising sophomores to second-year graduate students) with a full-time enrollment status (12 credit hours per semester), and have a minimum 3.00 cumulative GPA. Program size is limited, and participation is contingent upon acceptance by the program review committee.

- The deadline to apply is March 31, 2015. **Application review begins in January**; priority is given to applications received by March 31st. After March 31st, applications are considered on a space-available basis.

Hotel accommodations, local transportation and most meals in Washington, Greece and Cyprus will be covered by AHIF. Participants will be responsible for the:

- airline tickets from Washington, to Larnaca, to Athens, and return to the United States (approximately \$2,400) paid directly to the travel agency—Konstantinos Georgiadis at **Amphitriion Holidays** (Email: aleko@amphitriion.com). ***There is an additional cost for those who pay by credit card.*** ALL arrangements will have to be made through this travel agency.
- Students will have to make their own arrangements to get to Washington, D.C. (the travel agent will be available to help those that need assistance).
- Those who wish to extend their stay in Greece should contact the travel agent directly to make those arrangements and make a notation of the dates in the application form. **Please note that the cost for an extended trip will be higher and additional forms will be required to be completed and signed by you and your parents.**

Attached please find the application form and information about the materials you need to submit. If you have any questions do not hesitate to contact me at yolap@aheworld.org.

Sincerely,

Yola Pakhchanian



AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS—2015

CHECKLIST

- APPLICATION** Complete the application and attach all required material before submitting them to AHIF. Make sure that **ALL THREE** – you and your parents – have **signed and initialed** the waiver and liability/indemnification sections of the form.
- DEPOSIT** A \$500 refundable deposit (credit card or check payable to “AHIF”) is required along with your application. Students selected for participation will have 5-business days to reply to the offer, before the offer may be made to other qualified applicants. Once you have accepted the offer the \$500 check will be deposited. If you are not selected for the program or if you cancel prior to the May 1st deadline, your check will be returned back to you. ***You will only lose your deposit if you were confirmed on the trip and accepted and later cancel.*** The \$500 deposit will be ***returned to you after the evaluation forms and essays have been received by AHIF at the conclusion of the program.***
- TRANSCRIPTS** Your college/university should mail/email (yolap@aheworld.org) your transcript.
- INSURANCE** ALL participants must have health insurance to participate in an AHIF Foreign Policy Trip to Greece and Cyprus. **No Exceptions.** Please provide us with a photocopy (front and back) of your health insurance card.
- PASSPORT #/SSN** Participants must provide us with their passport number, country issued, and the expiration date. This information is needed to book your flights and for entry into federal buildings in the U.S., Nicosia and Athens. Students with no passports or an expired passport should not wait until they have been accepted to the program to apply for one or to renew their passports.
- REFERENCES** We request at least two letters of recommendation from people who know you best, i.e., a professor, someone in your professional field, or from your community or church.
- RESUMÉ** Your resumé should list your work experience and programs you have attended or articles written that deal with U.S. relations with Greece and Cyprus.
- HEADSHOT** **Submit a recent high-resolution color headshot (at least 300 dpi in jpg).** The photo will be sent out to the media with various press releases. Make sure the picture is clear.
- RETURN DATE** While you may extend your stay in Greece, the return date and arrival city needs to be clearly indicated in the application form and additional forms will be required to be completed and signed. Please note that the cost for an extended trip will be higher.
- CHECKLIST** The application form and all attachments should be emailed in In a single e-mail in pdf form or word files to Yola Pakhchanian at yolap@aheworld.org with the subject line **AHI STUDENT TRIP APPLICANT: [Your Name]**. The letters of recommendation and transcripts can be emailed directly with the subject line **AHI STUDENT TRIP APPLICANT [Your Name]**. **A hard copy of the application form with the student and parents signatures and initials should ALSO be mailed.** NO PDF files or faxes will be accepted.
- Mrs. Yola Pakhchanian
AHIF Foreign Policy Study Trip to Greece and Cyprus
American Hellenic Institute Foundation
1220 16th Street, NW
Washington, D.C. 20036
- INTERVIEW** Once ALL the material is received you will receive a confirmation email and information to arrange for a phone interview.



AHIF Summer Foreign Policy Trip to Greece and Cyprus Information Form and Release Agreement

This Information Form and Release Agreement ("Agreement") are submitted to the American Hellenic Institute Foundation, Inc. ("AHIF"), as an application for participation by the below-designated student ("Participant") to participate in the AHIF Foreign Policy Trip to Greece and Cyprus ("AHIF Foreign Policy Trip"), tentatively scheduled to take place June 17-July 3, 2015. **Email all required items to Yola Pakhchanian at yolap@aheworld.org and MAIL original application form to AHI, 1220 16th St. NW, Washington, DC 20036.**

STUDENT INFORMATION (Print your legal name as it appears in your passport)

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Mobile: () _____ E-mail: _____

Date of Birth: ___/___/___ Age: _____ First Name for Nametag (if other than name above) _____ Male Female

*Social Security #: _____ and *Passport #: _____

*Country Where Passport Issued: _____ Expiration date: _____

**Required for entry into certain Government buildings. Your application form will not be processed without the SS# and Passport #.*

PARENT / GUARDIAN INFORMATION

Primary Parent/Guardian's Name _____ Other Parent/Guardian's Name _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip _____

Relationship: _____ Mobile () _____ Relationship: _____ Mobile () _____

Home Phone:() _____ Work:() _____ Home Phone:() _____ Work:() _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

ACADEMIC INFORMATION

College: _____ College Phone:() _____

College Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Degree being pursued: _____

Cumulative GPA: _____ Current grade: _____ College Graduation Year: _____

Related Job/Internship: _____ Related Job/Internship: _____

Related Job/Internship: _____

MEDICAL INFORMATION

Height: _____ Weight: _____ (lbs) Hair: _____ Eyes: _____

Place of Birth: City: _____ State: _____ Country: _____

Emergency Contact (other than parent): _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____ Mobile: () _____

Do you (Participant) have any disability or medical or psychological condition that might affect or limit your participation in the AHIF Foreign Policy Trip to Greece and Cyprus or require special assistance, facilities, or accommodations? Yes No If yes, please explain: _____

Note: Accommodations are determined on a case by case basis and are subject to timely notification and application. Failure to advise AHIF in a timely fashion may result in an inability to accommodate special needs and disqualify Participant from participation.

MEDICAL HISTORY

Have you ever had, or are you taking treatment /medication for any of the following (if yes, please explain below):

<input type="checkbox"/> Convulsions, seizures or epilepsy	<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Recent injuries	<input type="checkbox"/> Physical limitations
<input type="checkbox"/> Fainting spells or dizziness	<input type="checkbox"/> Mental disorder	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chemical dependency
<input type="checkbox"/> Allergies to insects or plants	<input type="checkbox"/> Asthma or wheezing	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Behavioral disorder
<input type="checkbox"/> Adverse reaction to medication	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Recent surgery	<input type="checkbox"/> Food allergies		

Please explain any items checked (use additional sheet if necessary): _____

MEDICATIONS

Please indicate any medications that the student takes regularly and those she/he might need to take while participating in the AHIF Foreign Policy Trip (use additional sheet if necessary):

Medication: _____ Medication: _____

Dosage: _____ Dosage: _____

All medications to be taken during the AHIF Foreign Policy Trip must be clearly labeled with the student's name, dosage amount, dosage times and prescribing physician's name and phone number. All medications must be in the original container. If the participant will require refrigeration for medication during the AHIF Foreign Policy Trip, the participant must give AHIF advance notice. Storage will be subject to availability of refrigerated storage at any particular location during the AHIF Foreign Policy Trip. AHIF may store medications on the student's behalf but will in no event be responsible for dispensing medications or for lost, stolen, or misplaced medication.

INSURANCE INFORMATION

Please provide us with your complete and current healthcare provider and health insurance information:

Doctor's Name: _____ Insurance Carrier: _____

Doctor's Address: _____ Carrier Phone #: _____

City: _____ State: _____ Zip: _____ Policy/Group #: _____

Doctor's Phone () _____ Member/ID Number: _____

Participants must have health insurance to participate in an AHIF Foreign Policy Trip to Greece and Cyprus. No Exceptions.

MEDICAL TREATMENT AND HOSPITAL SERVICES CONSENT

We, the undersigned parents/guardians of the Participant, hereby consent and grant permission, should the necessity arise, to the furnishing of medical treatment and hospital services to him/her as ordered or recommended by a qualified physician, licensed nurse, or emergency medical technician (including the administration of anesthesia and the conducting of laboratory and diagnostic procedures) at a hospital, clinic, or other medical facility or on the scene in the event of medical or surgical emergency. We hereby authorize all attending physicians, nurses, emergency medical technicians, hospitals, clinics, and other medical facilities and providers having medical records or information relating to the participant or to any treatment or services given to him/her to release such records and information to AHIF and its agents.

Initials _____
(Student) (Parent) (Parent)

WAIVER OF PHYSICAL EXAMINATION AND DISCLOSURE OF INFORMATION

We, the undersigned parents/guardians of the Participant, waive the Participant's physical examination prior to participating in the AHIF Foreign Policy Trip.

WE UNDERSTAND THAT WE HAVE FULL RESPONSIBILITY TO INFORM AHIF IN ADVANCE OF ANY PRECAUTIONS THAT SHOULD BE TAKEN IN RESPECT OF A PARTICIPANT'S PHYSICAL OR PSYCHOLOGICAL CONDITION AND TO DISCLOSE ANY INFORMATION ABOUT SUCH CONDITIONS REASONABLY NECESSARY FOR AHIF TO EVALUATE THE PARTICIPANT'S SUITABILITY TO PARTICIPATE IN THE AHIF FOREIGN POLICY TRIP AND FOR AHIF, ITS AGENTS, AND LOCAL PHYSICIANS AND MEDICAL PERSONNEL TO ACCOMMODATE THE PARTICIPANT DURING THE AHIF FOREIGN POLICY TRIP SHOULD HE/SHE BE ACCEPTED FOR PARTICIPATION AND SHOULD MEDICAL ATTENTION BE REQUIRED. SUCH INFORMATION WILL BE DISCLOSED ONLY AS NECESSARY TO EVALUATE OR ACCOMMODATE THE PARTICIPANT.

Initials _____
(Student) (Parent) (Parent)

CONSENT FOR PARTICIPATION

We the undersigned parents/guardians, in consideration for the benefits to be derived by our son/daughter, and subject to AHIF's acceptance of our son/daughter for participation in the AHIF Foreign Policy Trip, do hereby consent to his/her participation in all programs and activities comprising the AHIF Foreign Policy Trip. This consent acknowledges our agreement that our son's/daughter's participation will be in accordance with the terms and conditions stated in this Information Form and Release Agreement.

Initials _____
(Student) (Parent) (Parent)

RELEASE AND INDEMNIFICATION

In consideration for participation in the AHIF Foreign Policy Trip to Greece and Cyprus, which will take place in metropolitan Washington, DC (including the Commonwealth of Virginia, the District of Columbia, and the State of Maryland) and the Republics of Cyprus and Greece, EACH OF THE UNDERSIGNED, for himself or herself and his/her personal representatives, executors, administrators, assigns, heirs, and next of kin ("Releasors"), acknowledges, agrees, and represents that he/she:

1. RELEASES, WAIVES, FOREVER DISCHARGES, AND COVENANTS NOT TO SUE AHIF, the American Hellenic Institute, Inc., their respective subsidiaries, affiliates, officers, directors, employees, agents, representatives, successors, and assigns and all other participants, sponsors, promoters, venue operators and owners, transportation providers, and all owners, lessors and lessees of premises used to conduct or associated with the AHIF Foreign Policy Trip to Greece and Cyprus ("Releasees"), and each of them, of and from all liability to the Releasors for any and all loss or damage, and any claim or demand therefor, on account of illness, injury, accident, or death of the Participant, whether caused by the negligence of the Releasees or otherwise, while the Participant is participating in the AHIF Foreign Policy Trip to Greece and Cyprus from the time of Participant's departure from home until his/her return thereto.
2. AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damage, or cost they may incur due to or resulting from the undersigned Participant's participating in the AHIF Foreign Policy Trip.
3. ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS, due to the negligence of Releasees or otherwise, while participating in the AHIF Foreign Policy Trip. EACH OF THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES that the AHIF Foreign Policy Trip, including travel to and from activities comprising the AHIF Foreign Policy Trip, carries the risk of serious injury and/or property damage or loss.

4. GRANTS PERMISSION to AHIF and the American Hellenic Institute, Inc., severally, now and forever, without obligation, to use photographs, videotapes, motion pictures, recordings, or other records of my participation in the AHIF Foreign Policy Trip ("Graphics and Information") for advertising and promotional materials and for any other purpose they, in their sole discretion, deem necessary or useful. This grant includes the right to publish and post such Graphics and Information on any website and to license others to do so.
5. AGREES that any dispute arising out of or relating to this Information Form and Release Agreement or to Participant's participation in the AHIF Foreign Policy Trip shall be resolved by arbitration conducted before a single arbitrator in Washington, D.C., in accordance with the then-prevailing applicable rules of American Arbitration Association.

Each of the undersigned further expressly agrees that the terms of this Information Form and Release Agreement are intended to be construed as broadly and inclusively as permissible, and that if any portion thereof is held invalid the balance shall, notwithstanding, continue in full legal force and effect.

Each of the undersigned has read and voluntarily signs this Information Form and Release Agreement. They each represent and warrant that all disclosures are truthful and complete and acknowledge that AHIF will rely on such representation and warranty as an inducement to accept the Participant for participation in the AHIF Foreign Policy Trip. They each understand and agree that Participant's acceptance for participation is within AHIF's sole discretion.

PARTICIPANT

Name (printed) _____
 Signature _____
 Date of Signature _____

PARENT/LEGAL GUARDIAN 1

Name (printed) _____
 Signature _____
 Date of Signature _____

PARENT/LEGAL GUARDIAN 2

Name (printed) _____
 Signature _____
 Date of Signature _____

Return Travel Info:

Those who wish to extend their stay in Greece should note that the cost for an extended trip will be higher. All participants need to make individual plans to fly/drive to Washington, DC by June 17, 2015 at noon. Please note that you will not be able to change your return flights once they are booked.

Departure date (July 4 or later) _____
 Departure city (i.e. Athens) _____
 Arrival U.S. city (i.e. NYC, Los Angeles): _____

Who should we contact regarding your travel plans:
 _____ Parent _____ Myself

Name: _____
 Email address _____
 Daytime number _____ Cell _____

\$500 Deposit Payment Information:

Payment by: Check (payable to AHIF)
 Payment by Credit Card: Visa Master Card Amex
 Name of the card holder:

 Address _____

 City _____
 State _____ Zip _____
 Daytime Phone _____
 Email: _____
 Credit Card No: _____
 Exp. date _____ V-code _____
 Signature: _____



ABOUT YOU

Is this your first trip to Greece and Cyprus? Explain.

What do you hope to gain from the *AHIF Summer Foreign Policy Trip to Greece and Cyprus*?

What course work and/or experience as it related to US relations with Greece and Cyprus do you have that would make you a good candidate?

How do hope this trip will enhance your educational and career development?

Write a 250 word informal biography introducing yourself to the review board. Include things about yourself that are not in your resume and application form.



American Hellenic Institute Foundation

AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS-2015

Travel Agent Information Form

Name *(as it appears on your passport):*

Address:

City:

State

Zip

Birthdate: (month, day, year):

Passport Information: USA Passport #:

Expiration date:

Student Email:

Phone:

Parent responsible for travel arrangements:

Email:

Phone:

Cell phone:

Best times to be reached:

Please note that you need to make individual plans to fly/drive into Washington, DC by **10:00 am on June 17, 2015 for a noon meeting at Hellenic House, 1220, 16th Street, NW, Washington, DC**. The student group will leave Washington on June 19, 2015 for Cyprus; June 25, 2015 for Athens where the program will end on July 2nd at midnight. The group will depart for the US on Friday, July 3rd 2015.

The cost for an extended trip will be higher and additional forms (attached) will be required to be completed and signed by you and your parents. If you choose to extend your stay please make a note of the dates and city below for the travel agent.

Departure date from ATHENS *(July 3rd or later)*

(Please note that we will not be able to change your flights once they are booked-May 1, 2015)

Departure city *(i.e. Athens)* _____ **Arrival U.S. city** *(i.e. NYC):* _____

Payment method

Payment should be made by check payable to **Amphitryon Holidays**. Please mail checks to:

Mr. Konstantinos Georgiadis
1010 Rockville Pike, Suite 401
Rockville, MD 20852

301-545-0999 – 800-424-2471 (phone) / 301-294-5325 (fax) / aleko@amphitryon.com.



American Hellenic Institute Foundation

AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS-2015

June 17-July 3, 2015

Extended Stay Form—Page 1

To be completed by individuals who have separate travel arrangements and *both emailed & mailed* to AHIF.

I, _____ acknowledge and agree that the **AHIF** *College Student Foreign Policy Trip to Greece and Cyprus* terminates, and AHIF's responsibility for Participants' welfare in connection therewith ceases for all purposes, as of midnight July 2, 2015.

Participant Name: _____

Signature: _____ **Date:** _____

Parent/Guardian's signatures

Mother _____ **Date:** _____

Print Name _____

Father: _____ **Date:** _____

Print Name _____



American Hellenic Institute Foundation

AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS-2015

June 17-July 3, 2015

Extended Stay Form—Page 2

To be completed by individuals who have separate travel arrangements and *both emailed & mailed* to AHIF.

Name: _____

Departure date from Greece/Cyprus (circle one): _____

Arrival date in the USA: _____

Contact information in Greece/Cyprus:

I will leave on (day) _____, (time) _____

with (name) _____ (relationship) _____.

Address: _____

Phone/Mobile: _____

Emergency Contact Person/phone in Greece/Cyprus:

Name: _____

Phone: _____ **Email** _____

Address: _____