

Application Instructions

Dear Applicant,

Please follow these instructions carefully to insure that your application is processed and given full consideration.

Your application packet contains:

- An Irish Way Application
- Academic Recommendation
- Advisor Recommendation

1. Return the completed Application Form with a \$500 Deposit and a \$100 Non-Refundable Processing Fee payable to the the Irish Way. If paid with credit card, there will be a \$140 processing fee not included with the price.

The \$500 Deposit is fully refundable if you are not accepted into the program or if the program has reached the maximum capacity. Should you choose not to participate in the Irish Way after you have signed the Irish Way Agreements, the amount of tuition will be refunded according to a pre-determined schedule based on how far in advance of the trip's departure you withdrew.

2. Give the appropriated recommendation forms to a college professor who knows you well and to your college advisor.

3. Your will be required to submit a copy of your most recent transcript. You do not need to be a superior student to participate in the Irish Way. However, in the context of the entire application, grades can provide us with important imformation.

4. Your application is not complete or eligible for review until we receive the following:

Signature		Payment Amount
Name (As It Appears On Credit Card)		Security Code
Card Number		Expiration Date
r ayment method.		
Payment Method:		Credit Card
Transcript	🗌 \$500 Deposit	\$100 Non-Refundable Fee
Application	Academic Recommendation	Advisor Recommendation



Application for Enrollment

Applicant's Name as IT APPEARS ON PASSPORT (First)	(Middle)	(Last)
Female Male Birthdate	Age by June 2016	Class 🗌 Fr 🗌 So 🗍 Jr 🗍 Sr
Address		
City, State Zip		Lactose Intolerant Vegetarian
Applicant's Home Phone ()	Cell Phone ()	
Applicant's E-mail	T-Shirt Size 🗌 S	
College/University Name	Major	Minor
College/University Address	College/Univer	sity City, State, Zip
School Phone Number ()	School Website	
Parent 1 Name (First)	(Middle)	(Last)
Address (If Different From Applicant's)		
<u>City, State, Zip</u>	Occupation	
Home Phone ()	Cell Phone ()	
Business Phone (Fax ()	
E-Mail Address		
Parent 2 Name (First)	(Middle)	(Last)
Address (If Different from Applicant's)		
<u>City, State, Zip</u>	Occupation	
Home Phone ()	Cell Phone ()	
Business Phone ()	Fax ()	
E-Mail Address		
Applicant Primarily Lives With: Parent 1		Parent 2 Other
Mail & Bills Should Be Sent To: Parent 1	& 2 🗌 Parent 1	Parent 2 Other

1. Why do you want to participate in the Irish Way?

2. Have you ever traveled or lived abroad? If so, when and where?

3. What experiences have you had adjusting to new people, places, and situations?

4. What is your strongest personality trait? Your weakest? Explain both.

5. Describe your interests and hobbies. List organizations and teams you belong, sports in which you participate, muscial instruments you play, etc.

6. List any honors received.

7. What are you looking forward to the most about being in Ireland? The least?

- 8. What do you hope to gain from the Irish Way?
- 9. Please share two interesting, fun, random facts about yourself.

10. How did you hear a ☐ Website	bout the Irish Way?	Poster/Brochure	
Newspaper	Church Bulletin	Radio	
E Facebook	🗌 I am an Irish Way Alu	mni	
Friend/Alumni:			
Other:			
l agre	e that the factual informatior	n presented here is true and accurate.	
Applicant's Signature		Date	
	ave any questions regarding	Date your application process please contact:	
	Iris Irish Americar	your application process please contact: sh Way า Cultural Institute	
	Iris Irish Americar PO E	your application process please contact: sh Way າ Cultural Institute Box 1716	
	Iris Irish Americar PO E Morristown, N	your application process please contact: h Way n Cultural Institute Box 1716 lew Jersey 07960	
	Iris Irish Americar PO E Morristown, N Phone: (973) 605-199	your application process please contact: Th Way Th Cultural Institute Box 1716 Iew Jersey 07960 D1 Fax: (973) 605-8875	
	Iris Irish Americar PO E Morristown, N Phone: (973) 605-199 E-Mail: <u>Info</u>	your application process please contact: h Way n Cultural Institute Box 1716 lew Jersey 07960	



Academic Recommendation

Applicant's Name	Class 🗍 Fr 🦳 So 🦳 Jr 🦳 S			
College/University Name	College/University Phone ()		

Dear Professor,

This student is applying for the Irish Way, a unique summer program for college students. This selective educational program enables students to study and travel in Ireland for two weeks.

Please provide us with your estimation of this applicant and her/his readiness for this type of program. The student's Advisor will provide us with a detailed academic profile, so we are most interested in your comments on the student's personal qualities and characteristics.

The following is confidential information to be completed by a college professor only.

1. How long have you known the applicant?_____

	No Basis for Judgment	Below Average	Average	Good	Excellent (Top 10%)	Outstanding (Top 2-3%)
Energy/Initiative						
Independence						
Leadership						
Self-Confidence						
Sense of Humor						
Concern for Others						
Reaction to Criticism						
Responsibility						
Respect from Peers						
Respect from Adults						
Honesty/Integrity						

2. Please check the significant factor peers:	rs, which contribute to the respect a	accorded with this student by her/his
Superiority in Studies	Success in Athletics	Leadership in Activities
Accomplishments in Activities	Interest in Other Students	Personality
Other		
3. Which of the following factors detra	act from the student's character as	viewed by her/his peers:
Manners	Lack of Interest in Others	Lack of Motivation
Attitude		
Other		

4. Please summarize this student and her/his qualifications for the Irish Way. We are particularly interested in the applicant's overall character, level of maturity, enthusiasm, special interests/talents, and the way in which she/he responds to new people and situations. Please try to include both strengths and weaknesses.

5.	I recommend	this applicant for	participation in	the Irish Way:
			• •	•

Applicant's Name

Enthusiastically	Strongly	Fairly Strongly
With Hesitation	🗌 Not At All	
Professor's Name		
Professor's Signature		
Phone ()		Date



Advisor Recommendation

Applicant's Name	Class 🗍 Fr 🗍 So 🦳 Jr 🦳 Sr	
College/University Name	College/University Phone (

Dear Advisor,

This student is applying for the Irish Way, a unique summer program for college students. This selective educational program enables students to study and travel in Ireland for two weeks.

Please provide us with your estimation of this applicant and her/his readiness for this type of program. A separate recommendation will be completed by a professor selected by the student.

Thank you for your cooperation.

The following is confidential information to be completed by an advisor only.

1. Please submit and up-to-date transcript with this form. We cannot review an application file without this information.

2. How long have you known the applicant?

3. How would you rate the applicant's academic ability and motivation?

Academic Ability:	Below Average	Average	Above Average
	Excellent	Truly Outsta	nding
Motivation:	Below Average	Average	Above Average
	Excellent	Truly Outsta	nding

4. In your own words, please summarize this student and her/his qualification for the Irish Way. We are particularly interested in the applicant's character, level of maturity, enthusiasm, and special talents/interests. Please try to include both strengths and weaknesses.

5. Please comment on any notable upward or downward trends in the student's transcript. We are interested in what external factors may have influenced such changes.

6. I recommend this applicant for participation in the Irish Way:

Enthusiastically	Strongly	Fairly Strongly
With Hesitation	🗌 Not At All	
7. Additional Comments:		
Advisor's Name		
Advisor's Signature		
Phone ()		Date