

Civil Rights Justice Education Trip Application for March 28-April 1, 2019

Name (Please Print) _____ Grade _____

Applications must be returned to Ms. Androsky (Room B 212) or Ms. Nordby (Room A 213) by 3:00 Wednesday, January 23, 2019.

Explain your reasons for wanting to participate in the Civil Rights Justice Education Trip:

What personal gifts will you bring to make this a meaningful experience for others & yourself?

Please name two teachers who know you well and would provide a personal recommendation.

1. _____ 2. _____

Are you willing to fully engage in this trip, which means staying a part of the group, using less personal technology, being on time, discussing difficult topics, etc.?

CDH Justice Education Trips are grounded in Gospel Values and include a spiritual component, which sometimes include participation in Mass, prayer, and personal reflection. Do you agree to fully participate in these activities?

This Justice Trip requires 2 to 3 pre-trip meetings, readings, and other group activities.

a. Will you thoroughly commit to prepare for your Justice Education Trip?

b. What other activities are you committed to (jobs, clubs, sports activities, family)?

c. What flexibility do you have to adjust your schedule to accommodate pre-trip requirements?

Have you participated in any other Justice Education Trips? Have you participated in any other school related trips? If so, which one(s)?

The projected cost of this trip is \$800.00. It is our hope you are able to commit to this amount. If this is a financial difficulty, how much could you/your family provide toward the trip?

If you are selected for this trip, you will be expected to pay \$300 by Feb 15th, 2019, and \$300 by March 15th, 2019. There is a \$200 deposit due when you turn in the application and **will be your commitment to attend.**

Do you have any other comments, questions or concerns?

Please respond to each of the following. Please expand upon each as necessary.

- a. Do you have any health conditions?
- b. If so, what are they?
- c. Please list any medications you are currently taking.

In order to be eligible to participate in all CDH trips, your tuition account must be current. In addition, all applications will be reviewed by the Administration for final approval. Please contact the business office directly with any tuition questions or concerns.

We (parents/guardians) have reviewed and agreed to fully support my/our son/daughter's participation in this trip. **Please remember to include a \$200 deposit along with this application.** This deposit **is refundable** if the student is not chosen to participate in the trip.

Student Name _____
(please print)

Student Signature _____

Parent/Guardian Signature _____