



Center for Ecological Living and Learning

60 Blueberry Hill Road

Hope, Maine 04847

Tel. (207) 230-4025

Web: www.cellonline.org

E-mail: info@cellonline.org

CELL Maymester Application for Admission

Reminder: You must submit the following materials along with your application: a copy of your transcript(s), answers to the short essay questions, a signed copy of the CELL Code of Conduct, and non-refundable application fee of \$25 (check payable to CELL). Note: application fee will be credited toward program cost if you are accepted.

<p>Personal Information</p> <hr/> <p>Last name First name</p> <hr/> <p>Social Security Number Date of Birth</p> <p>Male Female <input type="radio"/> <input type="radio"/></p> <p>Email: _____</p>	<p>Current Mailing Address – Mail here from __/__/__ to __/__/__</p> <hr/> <p>Street</p> <hr/> <p>City State Zip Code</p> <hr/> <p>Phone Cell Phone</p>
<p>Permanent Address – If different from current address</p> <hr/> <p>Street</p> <hr/> <p>City State Zip Code</p> <hr/> <p>Phone Cell Phone</p>	<p>Family Emergency Contact Information</p> <hr/> <p>Name(s)</p> <hr/> <p>Street</p> <hr/> <p>City State Zip Code</p> <hr/> <p>Phone Cell Phone</p> <hr/> <p>E-mail</p>
<p>Major</p>	<p>Current Academic Standing (Freshman, Sophomore, etc.)</p>

Please respond thoughtfully to the following two questions and then e-mail them to Dave Oakes, Director of CELL, at davoakes@midcoast.com.

1) This program offers not only an incredible educational adventure, but, more importantly, an opportunity to join a community of learners committed to making our world more sustainable. Why would you like to participate in the CELL Iceland Maymester program?

2) In what ways can you contribute to making this experience meaningful for the entire group?

How would you describe your health? _____

Note: All students participating in a CELL study abroad program are required to submit the results of a recent physical examination which can be submitted after acceptance into this program.

Do you have any special needs (e.g. physical, medical, dietary, or other) that relate to your participation in this program? If so, please describe below.

Agreement

I have read the program description (see our web page at: www.cellonline.org) and agree to practice and support in others a commitment to CELL's Code of Conduct (please send a signed copy of the Code along with this application). I feel that I will benefit from a CELL program, that I will be a contributing member to the group, and I certify that all information I have provided is accurate to the best of my knowledge.

Applicant Signature Date

Parent/Guardian Signature Date

(Note: If applicant is under 18 years of age, parental approval is required.)

References (Please provide the names and contact information for two references.)

Academic Reference

Character Reference

Name

Name

E-mail Tel.

E-mail Tel.