

Participant Application

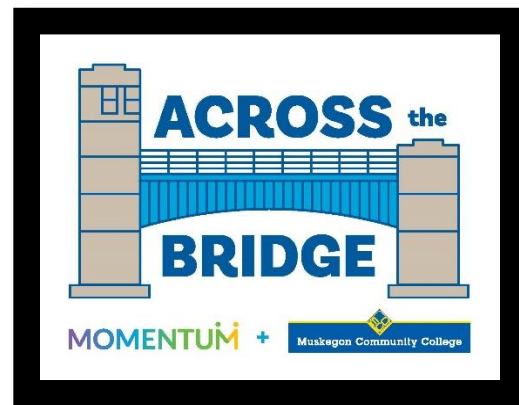
DATES:

PREGATHERING 9/6/24

TRI-CITIES WEEKEND 9/13/24 TO 9/15/24

MUSKEGON WEEKEND 9/27/24 TO 9/29/24

DEBRIEF AND PLANNING 10/4/24



Application information

Full name:	_____	Date:	_____
	<i>Last</i> <i>First</i> <i>M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address</i> <i>Apt/Unit #</i>		
	_____	Email:	_____
	<i>City</i> <i>State</i> <i>Zip Code</i>		

Employer/School/Affiliation: _____ Circle Site to Visit: Tri-Cities Muskegon

Can you commit to be present during the entire time you are assigned?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you physically able to keep a busy schedule that includes full days and much walking?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have dietary restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what?	_____
Do you need other accommodations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain?	_____
The cost of the trip is \$500 per person. Are you or your employer able to cover the cost of your participation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, what portion can you/your employer cover?*	_____

***If you will need a scholarship to participate, please provide any information that would be helpful.**

Why do you want to participate in the Cultural Immersion Experience: Across the Bridge?

Please explain your current level of engagement in each location, the Tri-Cities and Muskegon?

What do you hope to gain by participating in the 2024 Across the Bridge experience?

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____