

STUDENT APPLICATION FORM

12 Chemin Fosbery, Chelsea, Quebec, Canada, J9B 2G6
Tel. 819-827-3300 Toll Free 1-866-336-6423 Fax. 819-827-9951
www.studentsonice.com expedition@studentsonice.com

Please complete all parts of the form and ensure that all originals are mailed to the Students on Ice office.

I am applying for:

- ARCTIC EXPEDITION July 22 – August 06, 2005
 ANTARCTIC EXPEDITION December 27, 2005 – January 10, 2006
 ARCTIC FLOE EDGE EXPEDITION June 15-26, 2006

PART ONE – PERSONAL INFORMATION

Student

Last Name: _____ Given Names: _____
Address: _____
City: _____ Province/State: _____
Postal/Zip Code: _____ Country: _____
Tel. (Home): _____ Tel. (Work): _____
Cell: _____ Other: _____
Fax: _____ Email: _____

Date of Birth (Write the Day/Year & Circle Month): _____ Female Male
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Father

Name: _____
Address: (If different from the student's address) _____
Tel. (Home): _____ Tel. (Work): _____
Cell: _____ Other: _____
Fax: _____ Email: _____

Mother

Name: _____
Address: (If different from the student's address) _____
Tel. (Home): _____ Tel. (Work): _____
Cell: _____ Other: _____
Fax: _____ Email: _____

Emergency Contact Name: _____

Relationship to Student: _____

Address: _____
Tel. (Home): _____ Tel. (Work): _____
Cell: _____ Email: _____

PART TWO - PASSPORT

All students need a valid passport to participate. Please attach a photocopy of your passport.

Your passport must be valid for six months after the expedition completion date. If you do not have a valid passport, leave this section blank and send a photocopy of your passport as soon as possible. Canadian passport application forms are available in all Canada Post offices.

Passport Name in Full: _____
Passport Number: _____ **Citizenship:** _____
Issue Date: _____ **Expiry Date:** _____
Place Passport Issued: _____ **Place of Birth:** _____

PART THREE – GENERAL MEDICAL INFORMATION

Students must be capable of moderate physical activity such as hiking. During days at sea, the possibility of rough sea conditions may lead to students experiencing seasickness. Although we are visiting the Arctic/Antarctic during the summer months, daily temperatures may be below freezing, and students will be expected to participate in all daily excursions. These excursions, such as Zodiac boat cruises and shore landings, generally range from two to three hours in length.

Allergies: NO YES *If YES please describe:*

Special Meal Requirements: _____

Special Medical Requirements: _____

A more detailed medical questionnaire will follow in your Expedition Manual.

PART FOUR – EDUCATION

School: _____

School Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Contact Name: _____ Tel: _____

Fax: _____ Email: _____

School Board: _____

Contact: _____ Tel: _____

Fax: _____ Email: _____

All participants must be aware of and agree to participate fully in the mandatory education and research program that is an important component of the *Students on Ice* expedition.

PART FIVE – PERSONAL REFERENCE REPORT

This table is a summary of your self-evaluation. It is very important and must be completed as it lists a number of considerations relevant to Students on Ice. Please complete the table below openly and honestly. Check the appropriate column. If necessary, feel free to use additional paper for further explanation.

PERSONAL QUALITIES	POOR	FAIR	GOOD	EXCELLENT
Ability to follow direction				
Ability to resolve practical problems				
Acceptance by peers				
Consideration for others				
Ease with peers				
Emotional maturity				
Energy and enthusiasm				
Flexible to changes				
Honesty				
Initiative and tenacity				
Leadership skills				
Level of fitness				
Openness to new ideas				
Reaction to adversity				
Reliability				
Respect for rules and authority				
Self care and personal hygiene				
Self-confidence				
Self-discipline				
Sense of humour				
Tolerance				
Warmth of personality				

Additional Comments:

PART SIX – REFERENCE LETTERS

Please supply 3 letters of reference from people that know you well such as:

- Your school principal
- A teacher
- A member of the community

To assist in the content of these letters, here are a few guidelines:

- How long have you known the applicant and what is your relationship?
- In your opinion, what are the applicant’s greatest strengths?
- Describe an event, which highlights the applicant’s personality and aptitudes.

PART SEVEN – MORE ABOUT YOU

Please answer the following questions

(Please attach a separate piece of paper if you need more space.)

1. Why do you want to participate as a member of a *Students on Ice* expedition?

2. What do you hope to achieve by participating on this expedition?

3. What are your interests and hobbies?

4. What experiences have you had that might relate to this expedition?
