



Dear Leading the Way Applicant:

We are very excited that you are interested in our 2009 Leading the Way Grand Canyon Program for students who are blind, visually-impaired and sighted. On behalf of our training and preparations leader Erik Weihenmayer and the entire Global Explorers staff, we look forward to receiving your application soon!

The 2009 Leading the Way program promises to be an amazing, safe and life-changing experience. Prior to the trip, accepted students will need to spend time fundraising, working on preparatory lessons and attending a mandatory training retreat. Students spend time training with Erik Weihenmayer at this mandatory retreat. He assists in preparing the students both mentally and physically for their Leading the Way expedition.

The final program cost is still being worked on with the National Parks Service and our partner organization Grand Canyon Youth but it will range between \$1,800 and \$2,500. This includes *all expenses* for the Grand Canyon as well as the retreat. However, Global Explorers is continually seeking out additional funds to lower the cost and to provide scholarships. We also expect you to take a leadership role in attempting to raise funds for yourself. Last year, Leading the Way participants raised 30% to 100% of their program costs through various forms of fundraising recommended by Global Explorers.

Global Explorers is seeking very capable, mature and confident students who feel that this experience will help their personal growth and discovery. Because we anticipate high demand for this program, we are requesting that you complete the following application as soon as possible. Spots fill quickly!

This is an open enrollment program. The early application deadline is October 15, 2008. One hundred dollar scholarships will be awarded to students who submit their completed application by the early application deadline and are accepted into the program. We accept applicants through November 15, 2008. Teams will be chosen no later than December 1, 2008.

Please read the application instructions and follow them thoroughly. If you have questions or need further information on this program please contact Global Explorers at (877) 627-1425. Submit completed applications to Shannon, Leading the Way Fellow, via email at leadingtheway@globalexplorers.org, via fax 1-719-623-0442 or mail to Global Explorers, 420 S. Howes Suite B300, Fort Collins, CO 80521.

Sincerely,

David Shurna
Executive Director



WHAT TYPE OF LEADING THE WAY APPLICANT ARE YOU?

Please review the applicant descriptions below and follow the corresponding instructions.

1. No previous experience with the Leading the Way program. Please submit the following materials.

- Application Form
- Leading the Way Commitment Checklist
- TWO Educator Referral Forms
- Health Information Form
- A copy of your Academic Transcript (this can be official or unofficial)
- If visually impaired, complete the Survey for Students with Visual Impairments
- Personal Essay: Please write a 1 page essay describing why you would like to enroll in the Global Explorers Leading the Way program. Please include answers to the following:
 - What do you hope to learn?
 - What skills, talents and/or characteristics do you think you have that make you a good member of this team?
 - What are your leadership strengths?
 - What does being a good leader mean to you?
 - Please give one example of a leadership role you have taken.

2. I have previously applied to, but have not participated in the Leading the Way program. Please submit the following materials.

- Application Form
- Leading the Way Commitment Checklist
- Health Information Form
- A copy of your Academic Transcript (this can be official or unofficial)
- If visually impaired, complete the Survey for Students with Visual Impairments

3. I have participated in a Leading the Way program. Please submit the following materials.

- Application Form
- Leading the Way Commitment Checklist
- Health Information Form
- If visually impaired, complete the Survey for Students with Visual Impairments



APPLICATION FORM

Applicant Information:

Today's Date _____

How did you hear about Global Explorers? _____

Legal Name _____ Preferred Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Fax _____

Cell Phone _____ *Email Address _____

Boy/Girl (circle one) Birth Date (month/day/year) _____ Age _____

Name of School _____ Current Grade _____

Passport Number (if known) _____ T-Shirt Size (adult sizes): S M L XL XXL

Are you visually impaired? Yes No *If yes, please fill out the Survey for Students with Visual Impairments.*

Parent/Guardian Information:

Each applicant should understand that it is their responsibility to communicate directly with the Program Coordinator. In addition, we ask that each applicant provides information for a Primary Contact whose role is to offer support to the applicant. The Primary Contact will be included on necessary email and phone correspondences that include logistical information (i.e. travel arrangements, health related topics, payment schedule).

Primary Contact _____ Relation to Applicant _____

Address (if different than applicant's) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ *Email Address _____

Employer _____

Secondary Contact _____ Relation to Applicant _____

Address (if different than applicant's) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ *Email Address _____

Employer _____

**Please note: We do most of our correspondence through e-mail, please print legibly and provide email addresses that are checked frequently.*



LEADING THE WAY COMMITMENT CHECKLIST

Applicant Personal Commitment Checklist: *as a Global Explorers (GEx) Applicant, my initials indicate that I have given serious thought to each item and I hereby make a commitment to adhere to the statement.*

- 1. I understand that I will have to submit a sports physical to Global Explorers upon being accepted into this program.
- 2. I understand that the GEx Program requires a nine month commitment.
- 3. I understand that the GEx program emphasizes leadership, science, culture and service.
- 4. I will be a responsible, cooperative and active participant for the entire GEx Program.
- 5. I will not use alcohol or drugs or engage in sexual activity during the GEx Program.
- 6. I will complete preparatory lessons BEFORE the Field Workshop and participate in the preparatory retreat. This will mean completing homework in addition to my school work.
- 7. I understand that as a participant in this program I will be an integral part of a team and I agree to be an active and supportive team member.
- 8. I am willing to live without such things as make-up, hair dryers and electronics (CD players, games, etc.) for the Field Workshop.
- 9. I understand that the Field Workshop will be very physically demanding.
- 10. I understand that AFTER the Field Workshop, I am required to spend time implementing a Service Leadership Project in my home community.
- 11. I am committed to helping to raise money to support the cost of the GEx Program.
- 12. I understand that my right to continue participating in the GEx Program depends on my ability to maintain a positive attitude, appropriate behavior and to complete assigned tasks. Global Explorers can expel me from the program if I do not live up to my commitment.

Parent/Guardian Personal Commitment Checklist: *as a parent/guardian of a Global Explorers Applicant, my initials indicate that I have given serious thought to each item and I hereby make a commitment to adhere to the statement.*

- 1. I understand that a sports physical is required after being accepted into this program.
- 2. I understand that the GEx Program requires a nine month commitment from my student.
- 3. I understand that the GEx program emphasizes leadership, science, culture and service.
- 4. I will make sure that my student attends the required retreat.
- 5. I understand that my student may have additional homework as he/she prepares for his/her Field Workshop.
- 6. I understand that my student will be traveling to the Grand Canyon.
- 7. I understand that though the Global Explorers Field Workshop is very safe and has extensive safety and emergency procedures in place, there is always a small chance that my child could get sick or hurt while traveling.
- 8. I understand that I might also have to review informational materials that will help prepare my student for travel.
- 9. I understand that the GEx Experience is primarily for students. My participation will only support the group in ways that Global Explorers identifies as necessary.

Student Signature

Parent/Guardian Signature

Date



EDUCATOR REFERRAL FORM

This form is intended to be completed by a teacher who has experience with the applicant in an educational setting, whether formal or informal.

Dear Educator/Evaluator,

The student identified above is applying to Leading the Way, a leadership education program through a nonprofit organization called Global Explorers. This program involves a nine month commitment to: spend time outside of school studying about the culture he/she will be visiting; participate in a field workshop with an integrated team of students who are both blind and sighted; and independently implement a Service Leadership Project. This referral form helps us determine whether this applicant will be able to meet our criteria for having cooperative, trustworthy and committed students enrolled in this program. We greatly appreciate your honest feedback.

Student Name: _____

1: Rarely, 2: Sometimes, 3: Usually, 4: Most times, 5: Always

rarely → always

- | | | | | | |
|---|---|---|---|---|---|
| 1. Is a cooperative and encouraging team-player. | 1 | 2 | 3 | 4 | 5 |
| 2. Respects other classmates in diverse situations. | 1 | 2 | 3 | 4 | 5 |
| 3. Respects his/her teacher. | 1 | 2 | 3 | 4 | 5 |
| 4. Takes initiative to complete tasks. | 1 | 2 | 3 | 4 | 5 |
| 5. Is dependable and conscientious about completing homework assignments. | 1 | 2 | 3 | 4 | 5 |
| 6. Works well with groups. | 1 | 2 | 3 | 4 | 5 |
| 7. Takes his/her studies seriously. | 1 | 2 | 3 | 4 | 5 |
| 8. Exhibits good and appropriate behavior in diverse situations. | 1 | 2 | 3 | 4 | 5 |
| 9. Is polite and respectful of adults. | 1 | 2 | 3 | 4 | 5 |
| 10. Has a good attendance record. | 1 | 2 | 3 | 4 | 5 |
| 11. Handles challenges well. | 1 | 2 | 3 | 4 | 5 |
| 12. Has a positive attitude. | 1 | 2 | 3 | 4 | 5 |

***Please print legibly. Please describe any concerns you have about this student's ability to be a part of the Leading the Way program. Be sure to consider the student's capability of completing physical the demands on the trip that may include hiking, exposure to high altitude, and being outdoors.

_____ Evaluator's Signature	_____ Printed Name	_____ Date
_____ Title	_____ Organization/School Name	
_____ Phone Number	_____ Email Address	



HEALTH INFORMATION FORM

Group Name: LTW GC 2009 Traveler Name: _____ Today's Date: _____

DIET, ALLERGIES & HISTORY	LIST DETAILS HERE	
The traveler has the following diet restrictions (if vegetarian, be specific):		
The traveler has an allergy to the following (e.g. foods, medications, insects):		
Please list any health problems (e.g. diabetes, asthma, physical condition):		
In case of illness, each of our Global Explorers Workshop Coordinators is equipped with a first aid kit complete with over-the-counter and prescription medications. If you do not grant permission for your child to receive medical treatment by our staff during his/her Global Explorers Field Workshop, please initial here _____.	Please use this space for additional comments regarding medical treatment.	
CURRENT MEDICATIONS	DOSAGES	TIMES TAKEN
ADDITIONAL QUESTIONS	CIRCLE ONE	PLEASE DESCRIBE DETAILS
The child has an allergy to bee stings or insect bites (if yes, please indicate if the child will be bringing an EpiPen and/or any other medications with him/her).	YES NO	
The child is subject to epileptic or other seizures.	YES NO	
The child has heart, respiratory or other physical conditions.	YES NO	
The child had a surgery in the past (<i>list dates</i>).	YES NO	
The child can swim.	YES NO	
The child wears glasses/contacts (<i>specify which</i>).	YES NO	
Does the child have any restrictions that would prevent him/her from participating in the program?	YES NO	

The program to which this student is applying may require serious physical activity including hiking at altitude or rafting in rivers. A sports physical may be required if the student is accepted into this program. Aside from what is listed on this sheet, I hereby certify that the child is healthy and has no major medical conditions.

Name of Physician: _____ Phys. Emergency #: _____

Health Insurance Company: _____ Policy Number: _____ Group #: _____

In the event of emergency, the person to notify is:

Name: _____ Home or Cell Phone: _____

Relationship: _____ Business Phone: _____

Applicant Signature: _____

*****Must be completed for participants under the age of 18**

Guardian/Parent Signature: _____

