



Hostos Division of Institutional Advancement,  
Office of the Associate Dean for Community Relations  
Hostos Division of Continuing Education & Workforce Development

## PROFESSIONAL DEVELOPMENT PROGRAM APPLICATION – SUMMER 2016

Name \_\_\_\_\_ Home Tel. \_\_\_\_\_ SS#. \_\_\_\_\_

Address \_\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

E-Mail \_\_\_\_\_ Job tel. \_\_\_\_\_ Cellular \_\_\_\_\_

Residency: In State \_\_\_\_ Out of State \_\_\_\_

### EMERGENCY CONTACT PERSON

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

### PASSPORT INFORMATION:

Do you have a valid passport? \_\_\_\_ (If not, apply for a passport immediately)

If yes, from which country, and what number is it? \_\_\_\_\_

Are you a US citizen \_\_\_\_\_, or permanent resident \_\_\_\_\_: Please give alien residence number: \_\_\_\_\_

Graduate students: please indicate type of degree received and date: \_\_\_\_\_

Major: \_\_\_\_\_ Job title: \_\_\_\_\_

Are you a Public School teacher? If so, please write down the name of your school & address

\_\_\_\_\_  
\_\_\_\_\_

### UNDERGRADUATE AND GRADUATE STUDENTS:

CUNY/SUNY College/University: \_\_\_\_\_ Major: \_\_\_\_\_

Matriculate \_\_\_\_ Non-Matric \_\_\_\_ G.P.A. \_\_\_\_ Do you receive financial aid? \_\_\_\_

Check all that apply: Tap \_\_\_\_ Pell \_\_\_\_ SEOG \_\_\_\_ CWS \_\_\_\_ Loans \_\_\_\_

Do you need a special diet \_\_\_\_ Allergies? \_\_\_\_\_

If yes, please explain

\_\_\_\_\_

Do you have a medical condition, or disability which requires special attention? Please Specify:

---

What is your Spanish language background?

---

Will you need housing arrangements? If not, give address and phone number where you will be staying.

---

Are you on any type of probation, if yes please specify

---

**In a one page personal statement give your reasons for participating in this study abroad program and your goals as well as your expectations for the program. Please indicate any aspects of the History/Culture in which you are particularly interested, i.e., history, health, politics, Arts, language, educational system, etc. Be sure to relate your educational, career and/or personal goals to your plan of study.**

I, the undersigned acknowledge that I have read this application and that all statements are correct to the best of my knowledge.

---

Applicant's signature

---

Date

**Application:** The application should be completed and mailed with a \$100.00\* money order for the application fee, **payable to: CUNY in the Heights**

**Mail to:**

**CUNY in the Heights- Hostos Community College  
5030 Broadway, Ground Floor  
New York, NY 10034  
Attention: Natalie Espino, Professional Development Program**

**Contacts:**

Natalie Espino, 212-567-7132, nespino@hostos.cuny.edu  
Ana I. Garcia Reyes, agreyes@hostos.cuny.edu

**\*NOTE: 50% (\$50.00) of application fee is non-refundable**

**PLEASE NOTE THAT THE PROGRAM APPLICATION DEADLINE IS MARCH 25th, 2016**