

**Southern California Foothills Consortium  
Salamanca Program  
Spring Semester 2010**

**Application Procedure**

1. Complete the AIFS application form, securing the signature of your college's study abroad program coordinator and thus signifying your eligibility to apply.
2. Attach deposit of \$350 (plus \$50 non-refundable tour deposit, if applicable).
3. Attach a photocopy of the information page of your passport (the page with your picture). If you do not yet have a passport, please apply for one immediately, and mail a copy once you have received it.
4. Mail or give the completed application form, four 2" X 2" head shot photographs, and deposit to: Antelope Valley College, Sharon Lowry, (661) 722-6304 or Patricia Harris, (661) 722-6688; Citrus College, Lynn Jamison, (626) 914-8560; Crafton Hills College, Kris Acquistapace, (909) 389-3347; MiraCosta College, Mia Scavone, (760) 757-2121 ext. 6896; Mt. San Antonio College, Betsy McCormick, (909) 594-5611, ext. 4631; Mt. San Jacinto College, Linda Lang, (951) 639-5252; Palomar College, Yasue O'Neill, (760) 744-1150 ext. 2167; Rio Hondo College, Katie O'Brien, (562) 463-3223; San Bernardino Valley College, Julie Tilton, (909) 384-8597; San Diego City College, Marion Froehlich, (619) 388-3652. If you do not attend any of these colleges, please submit your application to Citrus College, Lynn Jamison, (626) 914-8560.
5. The balance of fees should be sent before the dates indicated directly to: American Institute For Foreign Study, Partnership Programs, College Division, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788. Telephone: (800) 727-AIFS.

**The AIFS program fee of \$6,295 includes the following:**

- ⇒ overnight stay in a Madrid hotel on arrival and departure including accommodation in a three-star hotel (double/triple occupancy) with breakfast;
- ⇒ half-day guided sightseeing tour of Madrid including entrances to the Prado Museum and the Palacio Real;
- ⇒ group transfer by private bus from Madrid to Salamanca;
- ⇒ accommodation in Salamanca in student apartments or homestays (for a supplemental fee). Two students will share a twin room. Student apartments are fully furnished and include cooking facilities, washing machine and television; homestay students receive two meals per day (breakfast and lunch or dinner) five days per week, and breakfast on the weekend, and weekly laundry service;
- ⇒ orientation program in Salamanca consisting of a welcome reception, orientation meeting with AIFS staff, and a half-day guided walking tour of Salamanca;
- ⇒ weekly social and cultural program (including trips to museums, historical/cultural sites, cinema, and sporting events);
- ⇒ Spanish Culture and Civilization Course (art, history, literature, culture) to include the following full-day guided excursions for all students: Segovia and Ávila, and El Escorial and the Valley of the Fallen;
- ⇒ on-site AIFS Student Services Office and support of AIFS Student Services Staff;
- ⇒ free e-mail/Internet access at the don Quijote school;
- ⇒ farewell dinner in Salamanca;
- ⇒ group transfer at end of program from Salamanca to Madrid;
- ⇒ medical and program fee refund insurance policies;
- ⇒ \$50 non-refundable application fee.

**Program fee does not include the following:**

- ⇒ round-trip transatlantic airfare between Los Angeles and Madrid, and round-trip transfers between the airport and hotel in Madrid on specified program date(s), for \$635;
- ⇒ mandatory U.S. government and airline-imposed departure taxes, fees and fuel surcharges of \$357 (subject to change);
- ⇒ optional three-day/two-night excursion to Lisbon, Portugal for \$495;
- ⇒ \$250 refundable damage deposit;
- ⇒ optional housing in a twin-bedded room in a homestay for an additional \$1,000, with an optional single room upgrade available for an additional \$500 (\$1,500 total);
- ⇒ optional single room supplement in apartments for \$525;
- ⇒ enrollment fees to your college;
- ⇒ textbooks;
- ⇒ meals not listed above;
- ⇒ passport and visa fees if applicable;
- ⇒ personal expenses;
- ⇒ optional personal effects coverage and medical insurance upgrade;
- ⇒ anything not listed above.

**Please retain this page for your records.**

## PAYMENT SCHEDULE FOR AIFS FEES

Spring Semester	Fee	Deadline	Optional	Fee	Deadline
Enrollment deposit	\$350.00	November 25, 2009	Airfare	\$635.00	December 31, 2009
Balance of fees	<u>\$5,945.00</u>	December 31, 2009	Taxes/Fees (subject to change)	\$357.00	December 31, 2009
Sub-total	\$6,295.00		Lisbon excursion deposit	\$50.00	November 25, 2009
Damage Deposit (Mandatory/ Refundable)	<u>\$250.00</u>	December 31, 2009	Balance of Lisbon excursion	\$445.00	December 31, 2009
Total	\$6,545.00		Homestay	\$1,000.00	December 31, 2009
			Single room in homestay	\$500.00	December 31, 2009
			Single room in apartment	\$525.00	December 31, 2009
			Personal Effects Coverage	\$90.00	December 31, 2009
			Medical Insurance Upgrade	\$65.00	December 31, 2009

Checks should be made payable to "AIFS." You may also use American Express, MasterCard or Visa. See application form. All students must submit the \$350 deposit with the completed application. Financial Aid students are responsible for paying, by December 31, 2009, the airfare (\$635), taxes (\$357—subject to change), \$250 refundable damage deposit, a \$600 program reservation deposit (toward your balance due), tour deposit if applicable, and any remaining balance that will not be covered by aid. Please indicate on Part C of this application if you plan to use financial aid to cover part of your program fees.

Please note: A \$35 returned check fee will be charged on all checks returned by the bank for insufficient funds.

## AIFS TRANSPORTATION PACKAGE

Participants have the option of purchasing a round-trip ticket for the flight arranged through AIFS. Participants choosing this options should note the following restrictions: Tickets purchased from AIFS are exclusively on scheduled airlines (not charters). They are not endorsable to another carrier. Flights are not necessarily direct or non-stop, and frequent flyer miles are not applicable. The AIFS Transportation Package includes round-trip ground transportation from the airport in Madrid to the Madrid hotel on the regularly scheduled program dates. AIFS will book flights on the dates indicated on this application only.

**Participants wishing to purchase the Transportation Package must notify AIFS in writing by Wednesday, November 25, 2009. Participants wishing to cancel from the flight must notify AIFS in writing by Thursday, December 31, 2009. Cancellation penalties will apply. Tickets are non-refundable after this date. Participants who plan to purchase their own airline ticket will be responsible for providing their own round-trip transportation between the airport in Madrid and the Madrid hotel on both arrival and departure.**

**AIFS Airfare Regulations:** Return must be to original U.S. departure point. Tickets are subject to airline availability. No refunds are available for any unused portion of ticket. Tickets cannot be rerouted, and stopovers are not permitted. Once in Spain participants may be able to change their return date, but only if that date is available and in the same class of service in which the ticket was booked. Only the ticketing agent can provide this information. Participants are subject to agency and airline-imposed change fees and space availability. Group round-trip ground transportation to and from the airport in Madrid is on the regularly scheduled program dates only.

AIFS cannot guarantee that all passengers will be booked on the same flight.

## PROGRAM DATES

### Spring Semester, 2010

Thursday, February 18, 2010	AIFS flight departs U.S. for Madrid
Friday, February 19, 2010	Arrive in Madrid. Overnight in Madrid
Saturday, February 20, 2010	Transfer to Salamanca
Monday, February 22, 2010	First day of classes
Friday, March 5, 2010	
to	Optional excursion to Lisbon, Portugal
Sunday, March 7, 2010	
Friday, March 26, 2010	
to	Mid-term break
Sunday, April 4, 2010	
Thursday, May 13, 2010	Final night in Salamanca
Friday, May 14, 2010	Transfer to Madrid for overnight stay
Saturday, May 15, 2010	End of program. AIFS flight departs for the U.S.



## PART E – HEALTH AND HOUSING INFORMATION

Please complete the following questionnaire carefully. Your housing assignment will be made based on the information that you provide. All requests are taken into consideration.

Name \_\_\_\_\_ School \_\_\_\_\_ Term \_\_\_\_\_

Please select your accommodation preference:

Shared Apartment       Single room in apartment (\$525)       Shared Homestay (\$1,000)       Single room in homestay (\$500)

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Ages of brothers and sisters \_\_\_\_\_

Major \_\_\_\_\_ Year \_\_\_\_\_

Jobs done in the past \_\_\_\_\_

Do you wish to have a single room?  Yes  No

Do you smoke?  Yes  No      Do you object to a roommate who smokes?  Yes  No

What time do you get up in the morning? \_\_\_\_\_ What time do you normally go to bed? \_\_\_\_\_

Do you consider yourself a quiet person?  Yes  No

Would members of the host family who smoke elsewhere in the house/apartment bother you?  Yes  No

Roommate preference (if known) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Would you prefer to live in a household with children or without?  With  Without

Would you object to being placed with a single-person host?  Yes  No

Do you have any allergies to household pets?  Yes  No

Are you receiving any special medical treatment?  Yes  No ? If yes, specify: \_\_\_\_\_

Do you have any physical condition that prevents you from climbing stairs? If yes, specify: \_\_\_\_\_

What type of music do you prefer? \_\_\_\_\_ Do you normally listen to music in your room?  Yes  No

Are there any hobbies or interests you would like to pursue while in Salamanca? \_\_\_\_\_

If there are any more details about yourself which you think would help with roommate selection and assist your host in getting to know you better, please state below:

## PART F – OPTIONAL DATA

Studying in another country requires considerable adaptability. This is part of both the challenge and the reward. Your willingness to answer these questions will assist the AIFS staff in providing you with an accommodation that is most likely to meet your needs.

Do you have any special dietary needs?\* If yes, please describe \_\_\_\_\_

Do you consider yourself a conservative or liberal person?  Conservative  Liberal

Do you have any allergies or chronic ailments?  Yes  No If yes, please describe \_\_\_\_\_

Are you presently under treatment for any mental or emotional matters?  Yes  No If yes, please describe \_\_\_\_\_

Are you presently taking any prescription medication on a regular basis?  Yes  No If yes, please list and state purpose \_\_\_\_\_

Studying abroad requires a great deal of physical mobility. Do you feel you are able to perform the essential functions of studying abroad with or without any special requirements?\* If you do have special requirements, describe the requirement you would need and how this would enable you to participate.

*\*AIFS cannot guarantee to accommodate special requirements and requests.*

# Agreement and Release Form

I, the undersigned, (and my parents or guardian if I am a minor), an Applicant for an overseas study program of the American Institute For Foreign Study, Inc. (the "Institute"), acknowledge that I have read and accept the terms and conditions set forth in the AIFS application/brochure, which are incorporated in this agreement. This agreement is a legally binding contract. I acknowledge and accept the terms of the refund policy as outlined below:

If a participant withdraws in writing

On or before December 4, 2009

After December 4, 2009, but on or before December 31, 2009

After December 31, 2009

She/he receives

All fees paid less \$150 plus any non-refundable deposits paid either by the student or by AIFS on the student's behalf.

All fees paid less \$350 plus any non-refundable deposits paid either by the student or by AIFS on the student's behalf.

No refund, and student is responsible for entire program fee.

All requests for refund must be made in writing, signed, and addressed or faxed to: **Registrar, AIFS, Partnership Programs, College Division, River Plaza, 9 West Broad Street, Stamford, CT 06902; fax number (203) 399-5597. Unsigned withdrawal statements will not be processed.**

I unconditionally release the Institute from any claims for damage, injury, loss, or expense of any nature resulting from events beyond its control, including without limitation: Acts of God, war, strikes, crime, terrorism, sickness or quarantine, government restrictions or regulations. This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by any host family, bus or car rental agency, steamship, airline, railroad, taxi or tour service/organizer, hotel service, hotel, restaurant, school, university/college, or other firm, agency, company or individual, unless the loss is caused by the gross negligence of the Institute.

I understand that I am responsible for exercising caution and common sense at all times to avoid injuries, and that the Institute cannot provide supervision or support during periods of independent travel.

I agree that if I become ill or incapacitated, the Institute or its emergency assistance company may take such actions as it considers necessary under the circumstances, including securing medical treatment for me and transporting me to the United States. I release the Institute from any liability relating to this medical care. I also authorize the Institute to take whatever action it deems to be necessary and in my best interest (including transporting me out of the host country or back to the United States, at my own, or my parents' expense) in the event of political unrest or any other unforeseen event or condition. If the Institute incurs on my behalf any costs not covered by its general liability insurance, I (and my parents) agree to make immediate repayment upon my return.\*

I will comply with the Institute's rules, standards and instructions, and understand that failure to do so may result in being sent home at my (or my parents') expense, with no refund. I understand that my participation may be terminated if I am expelled from school or otherwise disciplined by school or civil authorities, or if the Institute, in its sole discretion, determines that my conduct is incompatible with the interests, harmony, comfort or welfare of the other students. I (and my parents) agree to indemnify the Institute if I do anything that causes the Institute to sustain financial loss or liability.

I understand that the Institute provides insurance coverage for my benefit while in the program, including limited health, accident, accidental death, personal effects and tuition refund insurance. I acknowledge that it is my responsibility to understand the limitations of this coverage and agree that the Institute is not responsible for any uninsured losses.

I understand that the Institute reserves the right to make changes, cancellations or substitutions in cases of changed conditions or emergency, or based upon the interest of the group. I understand if I am terminated from the program, there will be no refund of AIFS fees.

I understand that obtaining a passport and any other required travel documents is my sole responsibility, and I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that if I am not a U.S. citizen, a visa may be required for entry to the countries I plan to visit (or travel through) while a participant on this program. I further understand that it is my sole responsibility to determine my visa requirements and obtain the appropriate visa(s), and I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents and visas for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that from time to time the Institute's publicity material may include statements by its participants and/or their photographs, and I consent to such use of my comments and photographic likeness.

This agreement will be effective when my application is accepted by the Institute and shall be governed by the laws of the State of Connecticut. This agreement cannot be modified except in writing by the Institute.

I agree that any dispute with the Institute that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the American Arbitration Association. The location of the arbitration and identity of the arbitrator will be decided by mutual agreement, with the costs to be shared equally between the parties, and the decision of the arbitrator shall be final. By signing this agreement, I understand that I am giving up my right to have any claim against the Institute decided in Court before a judge or jury.

References in this agreement to "the Institute" shall include the American Institute For Foreign Study, Inc., and all of its agents, employees, affiliated companies, campus directors, chaperones, group leaders, teachers, host school and school officials. All references to "parents" of the applicant shall include the legal guardian or other adult who is responsible for, and authorized by law or court order to make legal decisions and to enter into binding contracts on behalf of the applicant.

If I am using financial aid to pay for all or part of my AIFS program fees, and if that aid is canceled or reduced by my institution or lending agency after I have embarked on the AIFS program, I am immediately responsible for full payment of all fees. Failure to make payment will result in my administrative withdrawal from the program.

Signature of Applicant

Date

I certify that I am the parent or legal guardian of the Applicant, and that I have read the foregoing Agreement and Release (including such parts as may subject me to personal financial responsibility), and hereby waive any claim that I might have against the Institute or its agents (as set forth above), both in my own behalf and in my capacity as legal representative of the Applicant, any claim arising from the Applicant's participation in the program.

Signature of Parent/Guardian if Applicant is under 18 years of age

Date

\*A special substitute paragraph is available to members of the Christian Science faith.