

APPLICATION TO

**EL ZOTA
BIOLOGICAL FIELD
SCHOOL**



DATE _____

NAME (Last, first, middle initial) _____

EL ZOTA COURSE you want to take _____

COURSE DATES from _____ to _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

CURRENT ADDRESS _____

PERMANENT ADDRESS _____

CURRENT PHONE _____ PERMANENT PHONE _____

E-MAIL _____

CITIZENSHIP & PLACE OF BIRTH _____

MARITAL STATUS _____ SEX _____

Please describe any dietary or special physical requirements or problems. Include, for example, whether you are lactose intolerant, diabetic, a vegetarian or vegan, or are on a low salt diet.

UNIVERSITY ATTENDING _____ Status/year in school _____

Department _____ Major _____

Name and address, including phone and e-mail, of at least one academic reference
(for example, your academic advisor or a professor who is familiar with your work)

EMERGENCY CONTACT PERSON (parent, spouse or guardian) & PHONE NUMBER

ADDRESS OF ABOVE _____

NAME OF PHYSICIAN _____

PHYSICIAN'S PHONE # _____

INSURANCE PROVIDER _____ Insurance phone or fax _____

Related courses you have taken _____

Special skills, certificates, or awards _____

Travel experience _____

Are you taking this course for credit? _____ Have you arranged for course credit? _____

How will you arrange for course credit? What department or major professor will you be given credit from?

Please enclose this completed form, along with a deposit of \$100 (payable to DANITA) to

**Dr. Thomas C. LaDuke
Department of Biological Sciences
East Stroudsburg University
East Stroudsburg, PA 18301**

A certificate of health from your doctor, proof of medical insurance,
and other requested documents can be sent at a later date.