



AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS—2017



Overview

The AHIF College Student Foreign Policy Study Trip to Greece and Cyprus is a leading travel abroad program aimed to help Greek and Cypriot American college students better understand the importance of the relationships between Greece, Cyprus and the United States and foreign policy issues important to the Greek American community.

During the two-week trip, the students will have the opportunity to experience first-hand foreign policy issues affecting Greece and Cyprus, and the interests of the U.S. in the region. Prior to their departure, students will meet in Washington, DC where they will attend meetings and briefings with officials at Greek and Cypriot embassies, the State Department, Congress and think-tanks.

While in Greece and Cyprus the students will attend briefings with officials at the American embassies; various ministries, including Foreign Affairs; military; members of Parliament; religious leaders; think-tanks, and members of academia and the private sector. In Cyprus, the group will visit the Turkish-occupied area, receive a guided tour of old Nicosia Airport-UNFICYP in the demilitarized zone, and take a day trip to Paphos and Ayia Napa. While in Greece, they will participate in a day trip on a private boat and an exclusive tour of the Karaiskakis Stadium, the home stadium of Olympiacos FC.

Academic Credit

Although the AHIF does not have the capacity to provide academic credit, students can enhance their degree by doing so independently through their universities. Past trip participants have met with their academic advisors to obtain course equivalency approvals for major, minor, general education or other degree requirements as well as scholarships or funding possibilities provided through the university. We will be happy to complete any forms necessary to assist you with this process.

Eligibility

The program is open to undergraduate students (rising sophomores) and to graduate students with a full-time enrollment status and a minimum 3.00 cumulative GPA. Students with a keen interest in US-Greek-Cyprus relations and policy challenges facing Greece and Cyprus will benefit from this program. Program size is limited, and participation is contingent upon acceptance by the program review committee. Our program operates on a rolling admission basis beginning in January; priority is given to applications received by March 31st, afterward in a **space-available basis**.

Cost and Accommodations:

Hotel accommodations (*McLean Tyson's Corner Hilton, McLean, Virginia; Hilton Cyprus, Nicosia, Cyprus & Grande Bretagne, Athens, Greece*) as well as most meals in Washington, DC, Greece, and Cyprus and transportation to and from the hotels, airport, excursions and meetings will be covered by the AHIF. Upon acceptance to the program, students will be responsible for purchasing their airline tickets. The approximate cost for the round trip ticket from Washington, DC-Larnaca-Athens-US is \$2,400. To ensure that the group travels together, ALL airline tickets must be purchased through a travel agency secured by AHIF. ***Those who wish to extend their stay in Greece should note that the cost for an extended trip will be higher.***



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APPLICATION PROCESS

Application reviews begins in January; priority is given to applications received by March 31, afterward in a **space-available basis**. All applicants must submit the following items *together* in one email/package by March 31:

1. **APPLICATION** All application materials are to be submitted *together* in one package by March 31. (found on AHI website: www.aheworld.org) **ALL THREE** – participant and both parents/guardians– need to **sign and initial** the waiver and liability sections of the *Application* and *Extended Stay* forms.
2. **DEPOSIT** A \$500 refundable deposit is due at the time of application payable to *AHIF*. Once admitted to the program the \$500 deposit will be processed. The deposit will be returned in September after the evaluation form and 650-word essay have been received. **No refunds will be given if you cancel after May 15.**
3. **RESUMÉ** Highlight your education, research, work experiences, and your involvement in the Greek American community.
4. **TRANSCRIPTS** Official transcripts should be mailed or emailed (yolap@aheworld.org).
5. **REFERENCES** Two letters of recommendation from professors, workplace, community or church.
6. **HEADSHOT** A recent high-resolution color headshot (at least 300 dpi in jpg).
7. **INSURANCE** Submit a photocopy of your health insurance card (front/back).
8. **PASSPORT** Your passport number, country issued, and the expiration date is needed to book your flights and for entry into federal buildings in the U.S., Nicosia and Athens. Students with no/expired passports should not wait until they have been accepted to the program to apply for one or to renew their passports.

Submitting the application:

- E-mail: In a single e-mail, attach ALL documents MSWord (.doc) or Adobe Acrobat (.pdf) files to Yola Pakhchanian at [yolap@aheworld.org] with the subject line **AHIF STUDENT TRIP APPLICANT: [Your Name]**. The letters or recommendation and transcripts can be emailed directly with the same subject line.

Mail	Email	
✓	✓	Application Form (<i>Signed by student & both parents/guardians</i>)
✓	✓	Extended Stay Form (<i>Signed by student & both parents/guardians</i>)
✓	✓	\$500 Application Fee (<i>check or credit card</i>)
	✓	Current Resume - <i>Microsoft Word document only</i>
	✓	300 word statement & 150 word Bio - <i>Microsoft Word document only</i>
	✓	Travel Agent Information Form (<i>Return date is required</i>)
	✓	2 letters of Recommendation
	✓	College Transcripts
	✓	A photocopy of your health insurance card (<i>front & back</i>)
	✓	Recent high-resolution color headshot (<i>at least 300 dpi in jpg</i>)

- **MAIL ALL papers that need your signature: *Application* & *Extended Stay* forms and *check* to:**

Mrs. Yola Pakhchanian
 AHIF Foreign Policy Study Trip
American Hellenic Institute Foundation
 1220 16th Street, NW
 Washington, D.C. 20036

Interview

Phone interviews are an integral component of the application process. Yola Pakhchanian will contact you to arrange for an interview. Notification of selection decisions will be made by email to all applicants by mid-April.



AHIF Summer Foreign Policy Trip to Greece and Cyprus Information Form and Release Agreement

This Information Form and Release Agreement ("Agreement") are submitted to the American Hellenic Institute Foundation, Inc. ("AHIF"), as an application for participation by the below-designated student ("Participant") to participate in the AHIF Foreign Policy Trip to Greece and Cyprus ("AHIF Foreign Policy Trip"), tentatively scheduled to take place June 21-July 7, 2017. **Email all required items to Yola Pakhchanian at yolap@aheworld.org and MAIL original application form to AHI, 1220 16th St. NW, Washington, DC 20036.**

STUDENT INFORMATION (Print your legal name as it appears in your passport)

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Mobile: () _____ E-mail: _____

Date of Birth: ___/___/___ Age: _____ First Name for Nametag (if other than name above) _____ Male Female

*Social Security #: _____ and *Passport #: _____

*Country Where Passport Issued: _____ Expiration date: _____

**Required for entry into certain Government buildings. Your application form will not be processed without the SS# and Passport #.*

PARENT / GUARDIAN INFORMATION

Primary Parent/Guardian's Name _____ Other Parent/Guardian's Name _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip _____

Relationship: _____ Mobile () _____ Relationship: _____ Mobile () _____

Home Phone:() _____ Work:() _____ Home Phone:() _____ Work:() _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

ACADEMIC INFORMATION

College: _____ College Phone: () _____

College Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Degree being pursued: _____

Cumulative GPA: _____ Current grade: _____ College Graduation Year: _____

Related Job/Internship: _____ Related Job/Internship: _____

Related Job/Internship: _____

MEDICAL INFORMATION

Height: _____ Weight: _____ (lbs) Hair: _____ Eyes: _____

Place of Birth: City: _____ State: _____ Country: _____

Emergency Contact (other than parent): _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____ Mobile: () _____

Do you (Participant) have any disability or medical or psychological condition that might affect or limit your participation in the AHIF Foreign Policy Trip to Greece and Cyprus or require special assistance, facilities, or accommodations? Yes No If yes, please explain: _____

Note: Accommodations are determined on a case by case basis and are subject to timely notification and application. Failure to advise AHIF in a timely fashion may result in an inability to accommodate special needs and disqualify Participant from participation.

MEDICAL HISTORY

Have you ever had, or are you taking treatment /medication for any of the following (if yes, please explain below):

<input type="checkbox"/> Convulsions, seizures or epilepsy	<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Recent injuries	<input type="checkbox"/> Physical limitations
<input type="checkbox"/> Fainting spells or dizziness	<input type="checkbox"/> Mental disorder	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chemical dependency
<input type="checkbox"/> Allergies to insects or plants	<input type="checkbox"/> Asthma or wheezing	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Behavioral disorder
<input type="checkbox"/> Adverse reaction to medication	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Recent surgery	<input type="checkbox"/> Food allergies		

Please explain any items checked (use additional sheet if necessary): _____

MEDICATIONS

Please indicate any medications that the student takes regularly and those she/he might need to take while participating in the AHIF Foreign Policy Trip (use additional sheet if necessary):

Medication: _____ Medication: _____

Dosage: _____ Dosage: _____

All medications to be taken during the AHIF Foreign Policy Trip must be clearly labeled with the student's name, dosage amount, dosage times and prescribing physician's name and phone number. All medications must be in the original container. If the participant will require refrigeration for medication during the AHIF Foreign Policy Trip, the participant must give AHIF advance notice. Storage will be subject to availability of refrigerated storage at any particular location during the AHIF Foreign Policy Trip. AHIF may store medications on the student's behalf but will in no event be responsible for dispensing medications or for lost, stolen, or misplaced medication.

INSURANCE INFORMATION

Please provide us with your complete and current healthcare provider and health insurance information:

Doctor's Name: _____ Insurance Carrier: _____

Doctor's Address: _____ Carrier Phone #: _____

City: _____ State: _____ Zip: _____ Policy/Group #: _____

Doctor's Phone () _____ Member/ID Number: _____

Participants must have health insurance to participate in an AHIF Foreign Policy Trip to Greece and Cyprus. No Exceptions.

MEDICAL TREATMENT AND HOSPITAL SERVICES CONSENT

We, the undersigned parents/guardians of the Participant, hereby consent and grant permission, should the necessity arise, to the furnishing of medical treatment and hospital services to him/her as ordered or recommended by a qualified physician, licensed nurse, or emergency medical technician (including the administration of anesthesia and the conducting of laboratory and diagnostic procedures) at a hospital, clinic, or other medical facility or on the scene in the event of medical or surgical emergency. We hereby authorize all attending physicians, nurses, emergency medical technicians, hospitals, clinics, and other medical facilities and providers having medical records or information relating to the participant or to any treatment or services given to him/her to release such records and information to AHIF and its agents.

Initials _____
(Student) (Parent) (Parent)

WAIVER OF PHYSICAL EXAMINATION AND DISCLOSURE OF INFORMATION

We, the undersigned parents/guardians of the Participant, waive the Participant's physical examination prior to participating in the AHIF Foreign Policy Trip.

WE UNDERSTAND THAT WE HAVE FULL RESPONSIBILITY TO INFORM AHIF IN ADVANCE OF ANY PRECAUTIONS THAT SHOULD BE TAKEN IN RESPECT OF A PARTICIPANT'S PHYSICAL OR PSYCHOLOGICAL CONDITION AND TO DISCLOSE ANY INFORMATION ABOUT SUCH CONDITIONS REASONABLY NECESSARY FOR AHIF TO EVALUATE THE PARTICIPANT'S SUITABILITY TO PARTICIPATE IN THE AHIF FOREIGN POLICY TRIP AND FOR AHIF, ITS AGENTS, AND LOCAL PHYSICIANS AND MEDICAL PERSONNEL TO ACCOMMODATE THE PARTICIPANT DURING THE AHIF FOREIGN POLICY TRIP SHOULD HE/SHE BE ACCEPTED FOR PARTICIPATION AND SHOULD MEDICAL ATTENTION BE REQUIRED. SUCH INFORMATION WILL BE DISCLOSED ONLY AS NECESSARY TO EVALUATE OR ACCOMMODATE THE PARTICIPANT.

Initials _____
(Student) (Parent) (Parent)

CONSENT FOR PARTICIPATION

We the undersigned parents/guardians, in consideration for the benefits to be derived by our son/daughter, and subject to AHIF's acceptance of our son/daughter for participation in the AHIF Foreign Policy Trip, do hereby consent to his/her participation in all programs and activities comprising the AHIF Foreign Policy Trip. This consent acknowledges our agreement that our son's/daughter's participation will be in accordance with the terms and conditions stated in this Information Form and Release Agreement.

Initials _____
(Student) (Parent) (Parent)

RELEASE AND INDEMNIFICATION

In consideration for participation in the AHIF Foreign Policy Trip to Greece and Cyprus, which will take place in metropolitan Washington, DC (including the Commonwealth of Virginia, the District of Columbia, and the State of Maryland) and the Republics of Cyprus and Greece, EACH OF THE UNDERSIGNED, for himself or herself and his/her personal representatives, executors, administrators, assigns, heirs, and next of kin ("Releasors"), acknowledges, agrees, and represents that he/she:

1. RELEASES, WAIVES, FOREVER DISCHARGES, AND COVENANTS NOT TO SUE AHIF, the American Hellenic Institute, Inc., their respective subsidiaries, affiliates, officers, directors, employees, agents, representatives, successors, and assigns and all other participants, sponsors, promoters, venue operators and owners, transportation providers, and all owners, lessors and lessees of premises used to conduct or associated with the AHIF Foreign Policy Trip to Greece and Cyprus ("Releasees"), and each of them, of and from all liability to the Releasors for any and all loss or damage, and any claim or demand therefor, on account of illness, injury, accident, or death of the Participant, whether caused by the negligence of the Releasees or otherwise, while the Participant is participating in the AHIF Foreign Policy Trip to Greece and Cyprus from the time of Participant's departure from home until his/her return thereto.
2. AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damage, or cost they may incur due to or resulting from the undersigned Participant's participating in the AHIF Foreign Policy Trip.
3. ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS, due to the negligence of Releasees or otherwise, while participating in the AHIF Foreign Policy Trip. EACH OF THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES that the AHIF Foreign Policy Trip, including travel to and from activities comprising the AHIF Foreign Policy Trip, carries the risk of serious injury and/or property damage or loss.

4. GRANTS PERMISSION to AHIF and the American Hellenic Institute, Inc., severally, now and forever, without obligation, to use photographs, videotapes, motion pictures, recordings, or other records of my participation in the AHIF Foreign Policy Trip ("Graphics and Information") for advertising and promotional materials and for any other purpose they, in their sole discretion, deem necessary or useful. This grant includes the right to publish and post such Graphics and Information on any website and to license others to do so.
5. AGREES that any dispute arising out or or relating to this Information Form and Release Agreement or to Participant's participation in the AHIF Foreign Policy Trip shall be resolved by arbitration conducted before a single arbitrator in Washington, D.C., in accordance with the then-prevailing applicable rules of American Arbitration Association.

Each of the undersigned further expressly agrees that the terms of this Information Form and Release Agreement are intended to be construed as broadly and inclusively as permissible, and that if any portion thereof is held invalid the balance shall, notwithstanding, continue in full legal force and effect.

Each of the undersigned has read and voluntarily signs this Information Form and Release Agreement. They each represent and warrant that all disclosures are truthful and complete and acknowledge that AHIF will rely on such representation and warranty as an inducement to accept the Participant for participation in the AHIF Foreign Policy Trip. They each understand and agree that Participant's acceptance for participation is within AHIF's sole discretion.

PARTICIPANT

Name (printed) _____
 Signature _____
 Date of Signature _____

PARENT/LEGAL GUARDIAN 1

Name (printed) _____
 Signature _____
 Date of Signature _____

PARENT/LEGAL GUARDIAN 2

Name (printed) _____
 Signature _____
 Date of Signature _____

Return Travel Info:

Those who wish to extend their stay in Greece should note that the cost for an extended trip will be higher. All participants need to make individual plans to fly/drive to Washington, DC by June 21, 2017 at noon. Please note that you will not be able to change your return flights once they are booked.

Departure date (July 7 or later) _____
 Departure city (i.e. Athens) _____
 Arrival U.S. city (i.e. NYC, Los Angeles): _____

Who should we contact regarding your travel plans:
 _____ Parent _____ Myself

Name: _____
 Email address _____
 Daytime number _____ Cell _____

\$500 Deposit Payment Information:

Payment by: Check (payable to AHIF)
 Payment by Credit Card: Visa Master Card Amex
 Name of the card holder:

 Address _____

 City _____
 State _____ Zip _____
 Daytime Phone _____
 Email: _____
 Credit Card No: _____
 Exp. date _____ V-code _____
 Signature: _____





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SUBMISSION ESSAY

Your submission should be a Microsoft Word document only please.

Thank you for applying to the *AHIF College Student Foreign Policy Trip to Greece and Cyprus*. As part of the application process, write a 300-word essay addressing the following questions:

1. How do you see yourself using this experience in the future to enhance your educational and career plans?
2. Is this your first trip to Greece and Cyprus?
3. What type of experience or work have you done in the past which make you a good candidate for this program?
4. Discuss your involvement in the Greek American community.

SHORT BIOGRAPHY

Submit a 150-word **biographical paragraph** with your name, university, degree. Include future academic plans or projects and quote on how this trip will help you with your future plans.

See example:



***Anastasia Matiatos**, an Honors student at the University of Arizona, is double majoring in Philosophy, Politics, Economics, and Law and Fine Arts with minors in Classics and Spanish. Outside of academics, Anastasia has dedicated much of her time working to improve her community through volunteer efforts and political activism, and she currently serves as a staff member on a Congressional campaign. Anastasia is also deeply committed to maintaining and strengthening her ties to her Hellenic heritage. As a UA student, she has taken Modern Greek language courses, founded a Hellenic cultural club on campus, and helps to coordinate youth efforts with the Southern Arizona Hellenic Association. "I'm deeply grateful for the opportunity to participate in the AHIF Foreign Policy Trip. I've grown up listening to stories of my family's experiences in their homes of Greece and Cyprus, giving me a sense of responsibility toward and pride in my family and heritage. As an economic and political philosophy major, I'm excited for the insights and knowledge I know I'll gain in this program." Before graduating, Anastasia hopes to have the opportunity to study abroad in Cyprus as she surveys the political and ethnic climate of the island, and would eventually like to attend law school.*



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TRAVEL AGENT INFORMATION FORM

To be completed and emailed to Yola Pakhchanian at yolap@aheworld.org.

Name (Full legal name - as it appears on your passport):		
Address:		
City:	State:	Zip:
Birthdate: (month, day, year):		
USA Passport #:		Expiration date:
College Email:		Personal email:
Cell Phone:		

Person responsible for travel arrangements:

Name:	Email:
Daytime Number:	Cell phone:
Best times to be reached:	

ALL participants must arrive in Washington, DC by 10:00 am on Wednesday June 21, 2017. The program will start with a meeting at **12:00 noon** at the Hellenic House, 1220 16th Street, NW, Washington, DC. The students will leave on June 23 for Cyprus and June 29 for Athens. The program will conclude officially at midnight on July 6 and the group will depart for the US on July 7, 2017. *Should you choose to extend your stay please complete the "Extended Stay" form. Both parents and participant (ALL THREE) need to sign the form.*

Departure date from Greece:	Time:
Arrival date in the USA:	Arrival city in the USA:

(Please note that we will not be able to change your flights after May 1, 2017)

Payment method

Payment should be made by check payable to **Amphitriion Holidays**. Please mail checks to:

Mr. Konstantinos Georgiadis
1010 Rockville Pike, Suite 401, Rockville, MD 20852
301-545-0999 – 800-424-2471 (phone) / 301-294-5325 (fax) / aleko@amphitriion.com



AHIF COLLEGE STUDENT FOREIGN POLICY TRIP TO GREECE & CYPRUS—2017

EXTENDED STAY FORM

Form to be completed by those who wish to extend their stay and **mailed** to Yola Pakhchanian c/o the American Hellenic Institute Foundation, 1220 16th St NW, Washington, DC 20036) **and emailed** (yolap@aheworld.org).

Name:	
Departure date from Greece:	
Arrival date in the USA:	Arrival city in the USA:

Contact person in Greece:

Name:	
Address:	
Phone number:	Mobile:

I, _____ acknowledge and agree that the **AHIF College Student Foreign Policy Trip to Greece and Cyprus** terminates, and AHIF's responsibility for Participants' welfare in connection therewith ceases for all purposes, as of midnight July 6, 2017.

Participant Name: (Print) _____

Signature: _____ **Date:** _____

Parent/Guardian's signatures:

Mother Name: (Print) _____

Signature: _____ **Date:** _____

Father Name: (Print) _____

Signature: _____ **Date:** _____