

# REGISTRATION FORM

## REGISTRATION CHECK LIST – Due at time of registration

- Registration Form
- Scholarship Application (if applicable)
- \$250 Deposit (make check to Nobis Project, Inc.)

## SUPPLEMENTAL MATERIALS CHECK LIST – Due by June 15, 2021 (Summer Program) – Due by August 15, 2021 (Fall Program)

- Medical Form
- Record of Vaccinations and Prescription Medicines
- Limitation of Liability Waiver
- Permission For Use of Photographic Likeness
- Travel Policies Agreement (2 pages)
- Copy of Emergency Medical and Evacuation Insurance (required for international programs)
- Copy of Immunization Records
- Check for full balance (make check out to Nobis Project, Inc.)

## DEADLINES

Registration open until all spaces are filled

Full balance and required forms due      June 15, 2021 (Summer Program)  
August 15, 2021 (Fall Program)

Mail completed forms and checks to:

Nobis Project, Inc.  
PO Box 9304  
Savannah, Ga. 31412

Contact Christen Clougherty with any questions at 912.403.4113 or [christen@nobisproject.org](mailto:christen@nobisproject.org)



REGISTRATION FORM

Summer 2021

Applicant Name (as it appears on your passport) \_\_\_\_\_

Preferred name \_\_\_\_\_

Title \_\_\_\_\_ Grades Taught \_\_\_\_\_

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

Home address \_\_\_\_\_

Birth date \_\_\_\_\_ Birth place \_\_\_\_\_

Passport number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Citizenship \_\_\_\_\_ Gender  Female  Male  Other \_\_\_\_\_

If not a U.S. citizen, number of Alien Registration Card or Visa \_\_\_\_\_ Expiration date \_\_\_\_\_

Participant email \_\_\_\_\_

Participant telephone \_\_\_\_\_

daytime

evening

cell

Please indicate how you heard about Nobis World \_\_\_\_\_

I am applying for the following program:  Savannah, Ga & The Lowcountry August 7-9, 2021 \$450.00  Savannah, Ga & The Lowcountry October 22-24, 2021 \$450.00

I teach at a Public School  I teach at a Charter School  I teach at an Independent School  I teach in a non-school setting

I am applying as an individual.  I am applying as part of a group. The other members of my group are:

Teacher's Full Name \_\_\_\_\_ Teacher's Full Name \_\_\_\_\_

Teacher's Full Name \_\_\_\_\_ Teacher's Full Name \_\_\_\_\_

Teacher's Full Name \_\_\_\_\_ Teacher's Full Name \_\_\_\_\_

Have you previously traveled abroad? If yes please list countries: \_\_\_\_\_

Have you taught abroad? If yes please list countries: \_\_\_\_\_

Have you taken students on international trips? If yes please list countries: \_\_\_\_\_

SCHOLARSHIP APPLICATION

Nobis Project is committed to working hard to make participation in Nobis World programs as affordable as possible. There are a limited number of scholarships available for teachers. Because aid is limited, please carefully consider all the resources available that might help fund your trip before deciding how much aid to request. Visit our website for suggestions of additional funding opportunities: [www.nobisworld.org](http://www.nobisworld.org).

Requested Amount of Assistance  5% off total cost  10% off total cost  15% off total cost  20% off total cost

Please note, because funds are limited, we cannot guarantee that we will be able to award all the aid requested by applicants chosen to participate in the trips. You will be notified in writing as to how much aid you might receive shortly after the registration deadline.

Scholarships are available first come, first serve so we encourage you to register early.

STATEMENT OF INTEREST

On a single page, please provide the following information:

- A. Full name and program for which you are registering.
B. Please explain why you would like to participate in Nobis World.
C. What do you hope to bring to your school and students after participating in the program?
D. What skills would you bring to the program?