

Summer 2021  
San Miguel De Allende, Mexico  
Faculty Led Travel Program  
Travel Dates: - June 18 – July 20, 2021

Priority Application Deadline: Dec. 7, 2020

Last Chance Deadline: March 1, 2021

## Part A: Application Checklist, Agreement, and Release Form

Please submit the following materials in support of this application:

- \_\_\_ 1. This Completed and Signed Application Checklist, Agreement, and Release Form
- \_\_\_ 2. Completed Personal/Academic Data Form
- \_\_\_ 3. **TWO** Completed and Signed Reference Forms
- \_\_\_ 4. Signed Off-Campus Travel Program Agreement
- \_\_\_ 5. Completed and Signed Business Office Verification
- \_\_\_ 6. Signed Liability/Loss Release
- \_\_\_ 7. Signed Medical Release and Authorization Form
- \_\_\_ 8. Completed and Signed Disclosure of Special Needs Form
- \_\_\_ 9. A one-page typed essay in which you tell us about yourself, clearly stating your reasons for applying for a travel program, and what you hope to gain from the experience. If you would like to be considered for the Blitt Scholarship, please include 1-2 paragraphs that include the following:
  - o Describe the importance of study abroad to the student’s artistic process and discipline
  - o Outline how the scholarship award will benefit him/her (other than financial)
  - o Articulate his/her/their professional and personal goals
  - o Communicate how the student will engage with the culture of city/country where they will be studying.
- \_\_\_ 10. One copy of your health insurance card
- \_\_\_ 11. Receipt from the Business Office for the payment of the \$250 program deposit

\*Proof of passport/submitted passport application is required for students to be accepted into the program.\*

➤ Applicants: please use the space above to check off application requirements as you complete them.

### **AGREEMENT AND RELEASE**

- I affirm that all of the information given in this application is true and correct to the best of my knowledge.
- I understand that deliberate submission of false information is grounds for exclusion from this program.
- I understand that if my application for participation is accepted, that I may be excluded from participating in the program – forfeiting any and all tuition/fees previously paid by me for the program – if I am found to be in violation of any of KCAI’s policies as outlined in the *Student Handbook*.
- I understand that my account with the Business Office **must be current** in order to be eligible to participate in this program, and that failure to remit payments by the specified deadlines may result in my exclusion from participation in this program.

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- **I understand that if my application for participation is accepted, I am contractually bound by all program expectations, including timely payment of all tuition/fees associated with participation in this program.**
- I understand that the *course cost may be subject to change.*
- I understand that due to COVID-19 safety protocols, final administrative approval for this trip will be dependent on safety evaluations made in Spring of 2021.
- I understand that I must have a valid passport and proof of medical insurance with international coverage in order to participate in this program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Part B: Personal/Academic Data Form**

Name: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
Number and Street Name

City State Zip/Postal Code

Daytime Phone #: ( ) - Evening Phone #: ( ) -

Email Address:

Date of Birth: / / Sex (circle one): M F

Permanent Address: \_\_\_\_\_  
Number and Street Name

City State Zip/Postal Code

Name of Parent/Guardian: \_\_\_\_\_  
Last First Middle Initial

Parent Daytime Phone #: ( ) - Parent Evening Phone #: ( ) -

Parent Address (if different from Permanent Address): \_\_\_\_\_  
Number and Street Name

City State Zip/Postal Code

Are you currently enrolled at the Kansas City Art Institute? (circle one): YES NO

If "yes," what is your Student ID #?: If "no," are you an alumni of KCAI? : YES NO

What is your current level? (circle one): Foundation SOPH JR SR SR+ GPA:

Will you complete your degree **while** participating in this program? (circle one): YES NO

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**Part D: Reference Form 1**

To be Completed by the Applicant:

Name:

Phone #: (            )            -            Email:

Faculty Recommender's Name:

Department:

**STUDENT WAIVER:**

I understand my right under the provision of PL 93-380.513 (Family Education Rights and Privacy Act of 1974) to inspect letters of recommendation written on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under this statute and affirm that concerning the following letter I will not do so in the future. I understand that this document will be used only by the committee members for evaluating my qualifications for the Faculty Led Study Abroad Program for which I am applying at the Kansas City Art Institute and will not be available to any other institution, organization or party for any other purpose.

Signature

Date

To be Completed by the Faculty Recommender:

By completing this portion of the Reference Form, I understand that the faculty leader of this travel program may contact me via telephone in order to obtain a verbal reference for the student above. I verify that by completing this form, I will provide the faculty travel program leader with an honest recommendation for the student above.

I understand that I may decline to complete this form and by so doing, decline to provide the student with my recommendation.

Faculty Recommender's Signature

Date

Day phone

Evening phone

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**Part D: Reference Form 2**

To be Completed by the Applicant:

Name:

Phone #: (            )            -            Email:

Faculty Recommender's Name:

Department:

**STUDENT WAIVER:**

I understand my right under the provision of PL 93-380.513 (Family Education Rights and Privacy Act of 1974) to inspect letters of recommendation written on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under this statute and affirm that concerning the following letter I will not do so in the future. I understand that this document will be used only by the committee members for evaluating my qualifications for the Faculty Led Study Abroad Program for which I am applying at the Kansas City Art Institute and will not be available to any other institution, organization or party for any other purpose.

Signature

Date

To be Completed by the Faculty Recommender:

By completing this portion of the Reference Form, I understand that the faculty leader of this travel program may contact me via telephone in order to obtain a verbal reference for the student above. I verify that by completing this form, I will provide the faculty travel program leader with an honest recommendation for the student above.

I understand that I may decline to complete this form and by so doing, decline to provide the student with my recommendation.

Faculty Recommender's Signature

Date

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### Part E: Off-Campus Travel Program Agreement

- Student agrees to be governed by the policies in the *Student Handbook* of the Kansas City Art Institute. **This includes KCAI's policy on underage alcohol consumption.**
  - First violation will result in a verbal warning.
  - Second violation will result in a written warning that will be signed by the student and the program leader(s).
  - Third violation may result in the student's dismissal from the program.
- Student agrees to conduct him/herself in a mature and respectful manner when visiting another city/state.
  - To qualify for KCAI's Faculty Led Travel Program, students must be in good standing and not currently on disciplinary probation.
  - If student is in good standing when accepted into the program but jeopardizes that status through inappropriate conduct prior to the start of the program, *the student may be precluded from participating in the program.* This prohibition may include forfeiture of all program fees previously paid.
- Student agrees to comply with the 2:00 A.M. curfew throughout the program.

Student's Signature

Date

### Part F: Business Office Verification

- In order to be eligible to participate in a Faculty Led Travel Program, the student's account balance with the Business Office must be current.
- If the student's balance has not been paid in full, or TMS payments are not being made on time, this can jeopardize the student's eligibility to participate in the Faculty Led Travel Program.

#### **To Be Completed by the Business Office Staff:**

Please check the student's account and current balance, and check the appropriate box below:

- I verify that the student's account is current and all monies paid by them can be applied directly toward their participation in the Faculty Led Travel Program.
- I verify that the student's account is ***not*** current. Before funds paid by the student can be applied towards their participation in the Faculty Led Travel Program they must make appropriate payment arrangements to make their account current.

Business Office Staff Member's Signature

Date

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**Part G: Liability/Loss Release**

- I, for myself, my parents and spouse (if any), legal representatives, heirs and assigns, hereby release the Kansas City Art Institute and all of the Kansas City Art Institute's past, present and future affiliates, subsidiaries, parents, joint ventures, assigns and successors and all of their respective past, present and future officers, directors, members, shareholders, trustees, agents, employees, representatives, attorneys, fiduciaries, affiliates, assigns, predecessors, successors and all of their respective insurers (collectively referred to as the "Released Parties") from any and all claims, demands, losses, damages, compensation, costs, rights, obligations, injuries, liabilities, actions and causes of action that I may have, whether known or unknown, contingent or liquidated, that relate to, or arise from, or are incurred in connection with, my participation in the Faculty Led Travel Program.
- I agree that in the absence of the gross negligence on the part of the Kansas City Art Institute, the Kansas City Art Institute is not responsible for the personal injury, property damage, or any other activities while I am on the Faculty Led Travel Program even if not arising out of or related to or incurred in connection with the Faculty Led Travel Program. The Kansas City Art Institute is not responsible for personal injury, property damage or any other loss, claim or damage related to or arising out of or incurred in connection with, in whole or in part, the acts or omission of any direct air or ground carrier, hotel, or other persons not its direct employee or not under its exclusive and direct control. The Kansas City Art Institute is not responsible for personal injury, property damage or any other loss, claim or damage arising out of, relating to or incurred in connection with, either in whole or in part, acts or God, weather, labor strife, government actions, mechanical breakdowns, war-like acts, terrorist activities or other causes reasonably beyond the control of the Kansas City Art Institute. The Kansas City Art Institute is not responsible for incidental or consequential losses or damages
- I agree to indemnify each of the Released Parties from any loss, liability, damage or costs including reasonable attorney's fees (except for those costs to be incurred by the Kansas City Art Institute pursuant to the Faculty Led Travel Program Agreement) I or any Released Party may incur directly or indirectly due to my participation in the Faculty Led Travel Program, whether caused by the negligence of myself or otherwise.
- I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. This Release shall be governed by and interpreted under the laws of the State of Missouri, without reference to its choice of law provisions.

**I DECLARE AND REPRESENT THAT I AM OF LAWFUL AGE, HAVE READ THIS RELEASE, AND FULLY UNDERSTAND IT.**

I hereby irrevocably release and discharge the Kansas City Art Institute, its trustees, officers, agents, representatives, and employees from any and all claims of whatsoever type, including without limitation claims for personal injury or property damage or loss, and including without limitation claims based on allegations of negligence, arising out of or in connection with participation in the Faculty Led Travel Program of the Kansas City Art Institute.

Student's Printed Name

Signature of Student

Date (mm/dd/yyyy)

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## Part H: Medical Release and Authorization Form

All students are required to obtain and provide proof of valid medical travel insurance for this program. The following refers to the ability of Kansas City Art Institute to assist in the facilitation of any necessary medical care and/or treatment that you may require while participating in a travel program, and see that all students receive medical aid when required in the judgment of officials of the school, and upon competent medical advice. If there are objections on religious or other grounds, please return this form with stated reasons.

- I understand that during the Faculty Led Travel Program it may be necessary to receive immediate hospital and/or medical attention without my specific consent in order to protect the health and welfare of myself and other students of the KCAI Faculty Led Travel Program.
- In view of the foregoing, it is agreed that when in the sole opinion of the Kansas City Art Institute, or its representatives, I shall need hospitalization, medical care, or both, that the Kansas City Art Institute shall have the power and is hereby authorized to see that I am hospitalized, receive medical care, or both.
- I understand that by signing this form I, in the event of a medical emergency or hospitalization, grant my permission to attending physicians to discuss my condition with both the faculty leader(s) of the travel program and the International Studies Coordinator at the Kansas City Art Institute. I understand that personal information may be disclosed to these agents of the Kansas City Art Institute.
- I understand and agree that the Kansas City Art Institute shall not be responsible for the cost of such hospitalization or medical care, and that I shall fully indemnify and hold harmless the Kansas City Art Institute, its trustees, officers, agents and employees from any claim or liability resulting from its actions authorized hereunder.
- I authorize the staff of the Kansas City Art Institute to contact the person(s) listed below in case of an emergency while I am participating in this travel program. I understand that personal information may be disclosed to this person(s).
- I further authorize the person(s) listed below to make medical decisions on my behalf if I am in a position where I am unable/incapable of making such decisions.

(     )     -

Full Name of Authorized Person #1

Relationship to Student

Phone Number

(     )     -

Full Name of Authorized Person #2

Relationship to Student

Phone Number

Student's Full Name

Date



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## Part I: Disclosure of Special Needs Form - **CONFIDENTIAL**

This form is intended to provide you with the opportunity to communicate in a confidential manner any potential difficulties you believe you could experience participating in a Faculty Led Travel Program, or to disclose special needs: learning, emotional or psychiatric disorders for which you have been diagnosed. This will enable the International Studies Coordinator and the Disabilities Coordinator to coordinate academic and/or psychological support as needed for your success while participating in the program. The information you provide is strictly confidential and remains so unless you indicate by written consent a desire for further disclosure to additional staff and faculty with whom you will work.

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Have you been diagnosed with a learning or psychiatric disorder?  Yes  No

Do you have an IEP filed with KCAI's Disabilities Coordinator?:  Yes  No

Please describe any previous learning assistance, disability services, and/or accommodations you have received:

Have recently (within the past 2 years) been hospitalized for a psychological concern or psychiatric disorder, and if so, what was the nature of the hospitalization?:

Are you currently taking medication for Attention Deficit/Hyperactivity Disorder, Depression, or Anxiety?:  
 Yes  No

Do you *suspect* that you have learning difficulties that may need to be addressed, or do you experience problems with attention/concentration, depression or anxiety that could interfere with your academic performance or adjustment? If so, please describe them as best you can:

- I verify that the information given on this form is accurate, true, and correct.
- I understand that the information provided by me on this form will be verified by the Disabilities Coordinator.
- I understand that I will need to submit a separate Accommodations Form for any accommodations I wish/need to request from the Faculty Led Travel Program.