



## The Fairhaven Project, Inc.

32 Washington Street  
Fairhaven, Massachusetts USA  
[www.thefairhavenproject.org](http://www.thefairhavenproject.org)  
001 (508) 992-4025 x 317

# Application Form

## The Fairhaven Project 2011 Program

For young men and women ages 17-19  
Three weeks from late July to mid-August 2011

Be part of our exclusive  
conflict resolution and  
leadership development program  
offered to Israeli and Palestinian young  
adults ages 17-19

Please type or print all information.

Additional sheets may be attached if necessary. Applications will be accepted until the program is full.

TFP is a two-year progressive leadership development program. To participate, applicants must attend TFP in two consecutive years. This means that if you are new to TFP in 2011, you must attend both the 2011 and 2012 sessions. By submitting this application, you signify your commitment to attend two consecutive sessions.

### Personal Information

Name (last, first, middle): \_\_\_\_\_

Address (Street/Town/Postal Code): \_\_\_\_\_

Country: \_\_\_\_\_

Sex (check appropriate box):  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
day month year

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ (All communications are via e-mail. Email address is required)

### Parent/ Guardian Information

Name of Parent / Guardian: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address (Street/Town/Postal Code): \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Participant Passport Information

Passport #: \_\_\_\_\_ Nationality: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Visa #: \_\_\_\_\_ Control #: \_\_\_\_\_

### Academic Information

Year in School in 2010-2011:  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>  Graduated High School

Grade Point Average \_\_\_\_\_

Name and Address of School (Street/Town/Postal Code): \_\_\_\_\_

What are your plans after graduation? \_\_\_\_\_

Have you participated in a Fairhaven Project program before?  yes  no

• If so, which years did you attend?  2009  2010

Please describe why you would like to participate in this program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list school courses you enjoy and any extracurricular and/or leadership activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parental Consent and Waiver of Responsibility

### PARENTAL CONSENT:

In consideration of the acceptance of [insert name of applicant] \_\_\_\_\_ as a participant in The Fairhaven Project, the applicant agrees that The Fairhaven Project, Inc. and/or its staff, that Northeast Maritime Institute, Inc., and/or its staff, and that any agents or program volunteers will not be held responsible for accidents or loss of personal property, however caused and of whatever kind, and agrees to release, indemnify and hold harmless The Fairhaven Project, Inc. and Northeast Maritime Institute, Inc. from all claims or damages which may arise as a result of such accidents or loss. It is further agreed that all risk attendant to participating in The Fairhaven Project programs are assumed by the participants and parents and/or guardians and that this assumption is acknowledged and approved by their signature hereto.

**Program Costs:** TFP is provided free of cost to all participants. We cover all costs of tuition, meals, lodging, activity fees, air transportation, and all ground transportation while in the U.S. Participants are responsible for transportation to and from their home country airport.

**Program Dates:** The program will run for three-weeks starting in late July 2011 and ending in Mid-August 2011 (exact dates to be determined).

The Fairhaven Project, Inc. reserves the right to use any pictures, video clips or film taken during the program for advertising, instructional or other lawful purposes.

I have read the forgoing, have explained it to my son/daughter/ward, and understand and approve of and consent to the terms and conditions as stated.

\_\_\_\_\_  
Signature of Parent or Guardian (required)

\_\_\_\_\_  
Date

**The Fairhaven Project, Inc. reserves the right to terminate the stay of any participant when it is deemed to be in the best interest of either the participant or the program.**

I approve of the application of [name of applicant] \_\_\_\_\_ for The Fairhaven Project. My signature affirms the commitment of my son/daughter/ward to attend two consecutive years (years 2011 and 2012 for first time applicants). All information contained within this document is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent or Guardian (required)

\_\_\_\_\_  
Date

### Email application to:

[info@thefairhavenproject.org](mailto:info@thefairhavenproject.org)

The Fairhaven Project, Inc.

32 Washington Street

Fairhaven, Massachusetts 02719 USA

If you have any questions, please contact:

Elizabeth MacWhirter, TFP Program Coordinator, at:

U.S. Direct Telephone: 001-508-992-4025, X 317

E-mail: [info@thefairhavenproject.org](mailto:info@thefairhavenproject.org)

All brochures and forms may be found at:

<http://www.thefairhavenproject.org>