APPLICATION STUDENT CHECK LIST

Student Name: ___________________________ Class Yr: ____________
EMPLID: ___________________________ College: ___________________________
Major: ___________________________ Minor: ___________________________

GENERAL REQUIREMENTS: You must meet the following eligibility criteria in order to submit an Opportunities Fund application.

☐ In Good academic standing
☐ FAFSA/TAP on file and fully processed for the current academic year
☐ No outstanding receipts
☐ Completed and passed the Opportunities Fund Online Quiz
☐ Clearly written Statement of Justification according to instructions on the Opportunities Fund Application
☐ Completed Opportunities Fund Application (Please save a copy for your records)
☐ Funds requested do not exceed annual limits (per year and per program)
☐ Seniors must have completed 30 hours of Community Service by the first day of classes of their senior year.

APPLICATION DOCUMENTATION:

☐ Advance Requests:
   ☐ Attach a program flyer/brochure that provides a detailed description of the service program, including a budget breakdown.
   ☐ For other expenses (i.e. Airfare) not detailed in the flyer you must attach a quote of the cost.
   ☐ Attach a copy of the appropriate travel waiver (see Travel Waivers below).

☐ Reimbursement Requests:
   ☐ Attach a program flyer/brochure that provides a detailed description of the service program, including a budget breakdown.
   ☐ Submit receipts (i.e. Official invoice from the program, airfare itinerary, copies of the cancelled checks or money orders) for all items being requested and a page-long reflection about your experience.
   ☐ Attach a copy of the appropriate travel waiver (see Travel Waivers below). The travel waiver must be submitted to your Macaulay Advisor before beginning the activity.

☐ Health Insurance: I am aware that I must purchase health insurance prior to attending the program. Do not purchase health insurance until your application has been approved by the Opportunities Fund Committee
   - CUNY Sponsored Programs: Students must purchase insurance through Cultural Insurance Services International (CISI). Please consult with the CUNY sponsoring Study Abroad Office for enrollment instructions.
   - Non-CUNY sponsored Programs: Prior to departure, students must purchase health/travel insurance through Cultural Insurance Services International (CISI). This is a requirement even if you are mandated to purchase CISI or another health/travel insurance through the foreign institution or program provider

TRAVEL WAIVERS:
   - You must submit the CUNY International Travel Participation, Waiver, and Emergency Contact Form with your application if requesting funding for non-CUNY sponsored international activities.
   - You must submit the CUNY Off-Campus Activity Participation, Waiver and Emergency Contact Form with your application if requesting funding for activities taking place outside the 5 boroughs of New York City but within the 50 states of the United States.

IMPORTANT INFORMATION:
   - You must submit receipts no later than the last day of classes in the semester in which approval was received (with the exception of Study Abroad receipts). If your receipts are not submitted by the documentation deadline a registration stop will be placed on your record.
   - All Opportunities Fund application decisions are final.
   - Seniors in their last semester can only apply for a reimbursement (no advances).
   - Opportunities Fund funds cannot be applied toward expenses incurred after the student’s last semester of attendance.
   - Students who have graduated cannot submit Opportunities Fund Applications.
   - Opportunities Fund funds can only be used for items that were approved. If the funds will not be used as appropriated, you must contact your advisor and the Assoc Director of Scholarships and Grants immediately.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

Signature: ___________________________ Date: ___________________________
Section 1: Student Information

_________________________________________________  ______________________  ___________
First Name        Last Name

____________________________           ________________
College                   Year

____________________________   _               _               _
EMPLID                Telephone Number          Email Address

Section 2: Program Information

Sponsor/Host College: ____________________________________________________

External Organization: __________________________________________________

City, Country

Length of stay:        ____ months     ____ weeks    ____ days

Dates: From ____/____/____ to ____/____/____

Service Learning Number of Classes/Credits: ____ classes      ____ credits

Section 3: Emergency Information (International Travel ONLY)

In case of an emergency abroad, CUNY requires Macaulay to collect your citizenship/passport information to be able to locate and assist you in a timely manner.

Please provide this information if it is available at the time you apply. If unavailable, you will be contacted by Macaulay prior to your travel to provide the information listed below. Supply information as it is listed on your passport.

Country of Citizenship: _____________________________________________________

Country of Citizenship 2 (Dual Citizenship): ___________________________________________

Passport #: _________________________________________________________________

Country that Issued Passport: _________________________________________________

Date of Birth (e.g. 07/01/1994): ________________________________________________

Sex (circle one):          Male            Female
Emergency Contact Information

Emergency Contact Name: ___________________________________________________________

Emergency Contact Relationship (e.g. mother, father, friend) __________________________________

Emergency Contact Phone #: ___________________________________________________________

Emergency Contact Email: _____________________________________________________________

Section 4: Required Documentation

- Attach a detailed description of the service program and an itinerary, and a budget breakdown to your Opportunities Fund Application.
- For all other expenses, such as travel, housing, meals, etc., please attach a print-out of the estimated cost or original receipts.
- Upon your return, you must submit, along with your receipts, a page long reflection about your experience.

Section 5: Service Definition and Statement of Justification

DEFINITION

SERVICE PROGRAM
A service program:
- is an organized group project consisting of national/international volunteering
- combines service with travel abroad/away in an organized fashion
- provides students with an opportunity to engage with communities, for the benefit of those communities
- allows students to understand how their service makes a positive difference in other’s lives.

SERVICE LEARNING PROGRAM
A Service learning program:
- is a credit bearing academic course that
- combines academic instruction with a closely related community service component
- will engage students in a community service project (locally, nationally or internationally) to help achieve important community objectives
- will include academic instruction related to that particular community service project
- provides an opportunity for students to become active members, explorers, and learners of the community issue at hand

STATEMENT OF JUSTIFICATION
Reflect on your academic trajectory and discuss how this activity will enhance your academic and professional goals or allow you to move forward.

Convince the reader by touching upon the following reflecting points:

1. Why this particular organization?
2. Why this kind of work?
3. How does your program meet the definition of our service program/service learning program criteria (see definitions above)?

Note: Please include your name, campus, class and page number on each page of your statement.
Section 6: Budget

Attach advertisements or internet print-outs demonstrating the cost of each item.

* Advance Requests – Receipts must be submitted no later than the last day of classes in the semester in which approval was received.

* Reimbursement Requests – Receipts must be submitted with the application for reimbursement. For purchases made over the internet, you must submit the invoice or receipt provided on-line after “check-out”.

**Note:** You may only request funding for the categories listed below.

**BUDGET BREAKDOWN:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Fees</td>
<td>$________</td>
</tr>
<tr>
<td>Housing</td>
<td>$________</td>
</tr>
<tr>
<td>Airfare</td>
<td>$________</td>
</tr>
</tbody>
</table>

Flight costs not included in the program fee are calculated using advertised program dates. Expenses for travel dates substantially longer than advertised program dates will be your responsibility.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals</td>
<td>$________</td>
</tr>
</tbody>
</table>

Meals not included in the program fee should be calculated using the following per diems:

- Europe: $15 a meal, $45 per day
- US and other countries: $10 per meal, $30 per day

For the items listed below, you must include documentation of the cost AND submit receipts with your study abroad receipts as proof of payment.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required class trips (Service Learning)</td>
<td>$________</td>
</tr>
</tbody>
</table>

Optional class trips will not be funded.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CISI (CUNY required health/travel insurance)</td>
<td>$________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Health Insurance</td>
<td>$________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Transportation (to and from airport)</td>
<td>$________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Travel Documents (e.g. Visa/Passport)</td>
<td>$________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Vaccinations</td>
<td>$________</td>
</tr>
</tbody>
</table>

**TOTAL REQUEST:** $______________
Section 7: College Approval

This form must be submitted to the local campus director/advisor for approval. The local Macaulay Honors College office will forward the application to the Opportunities Fund Review Committee for review.

Local Campus Macaulay Honors Director/Advisor approval:

__________________________________   _____________________   _____________________
Print Name   Date   Approved amount

Signature______________________________________

Denied □

Comments:

For Office Use Only

Status:          AY/Term  ________
Date:            Class  ________
Approved Amount: Type (A/R)  ________
Comments/Information Requested:

Denied □