



Irish Life Experience, LLC
 40 Lowell Street
 Peabody, Massachusetts 01960
 Phone: (866) 960-9215 Fax: (978) 532-3669
 E-Mail: info@irishlifeexperience.com
 Website: <http://www.irishlifeexperience.com>

Application Instructions

Dear Appliant and Applicant’s Guardian,

Please follow these instructions carefully to ensure that your application is processed and given full consideration.

Your application packet contains:

- An Irish Life Experience Application
- A Teacher Recommendation
- A Counselor Recommendation

1. Return the completed Application Form with a \$500 Deposit and a \$100 Non-Refundable Processing Fee payable to the the Irish Life Experience.

The \$500.00 Deposit is fully refundable if you are not accepted into the program or if the program has reached the maximum capacity. Should you choose not to participate in the Irish Life Experience after you have signed the Irish Life Experience Agreements, the amount of tuition will be refunded according to a pre-determined schedule based on how far in advance of the trip’s departure you withdrew.

2. Give the appropriated recommendation forms to a high school teacher who knows you well and to your high school counselor.

Your high school counselor will be required to enclose a copy of your most recent transcript along with the recommendation form. You do not need to be a superior student to participate in the Irish Life Experience. However, in the context of the entire application, grades can provide us with important information.

3. Your application is not complete or eligible for review until we receive the following:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Teacher Recommendation | <input type="checkbox"/> Counselor Recommendation |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> \$500 Deposit | <input type="checkbox"/> \$100 Non-Refundable Fee |

Payment Method: Check Credit Card

Authorization For: Visa Mastercard

Card Number _____ Expiration Date _____

Name (As It Appears On Credit Card) _____

Signature _____ Payment Amount _____



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Application for Enrollment

Applicant's Name (First) (Middle) (Last)

Female Male Birthdate Age by July 2009 Current Grade

Address

City, State Zip

Applicant's Home Phone () Cell Phone ()

Applicant's E-mail T-Shirt Size S M L XL XXL

School Name

School Address School City, State, Zip

School Phone Number () School Website

Parent 1 Name (First) (Middle) (Last)

Address (If Different From Applicant's)

City, State, Zip Occupation

Home Phone () Cell Phone ()

Business Phone () Fax ()

E-Mail Address

Parent 2 Name (First) (Middle) (Last)

Address (If Different from Applicant's)

City, State, Zip Occupation

Home Phone () Cell Phone ()

Business Phone () Fax ()

E-Mail Address

Applicant Primarily Lives With: Parent 1 & 2 Parent 1 Parent 2 Other_____

Mail & Bills Should Be Sent To: Parent 1 & 2 Parent 1 Parent 2 Other_____

Applicant's Name _____

6. Describe your interests and hobbies. List organizations and teams you belong, sports in which you participate, musical instruments you play, etc.

7. Briefly describe your family (parents' work and interests, brothers/sisters' ages and interests).

8. What are you looking forward to the most about being in Ireland? The least?

9. How did you hear about the Irish Life Experience?

Website School Visit Guidance Counselor

Newspaper Church Bulletin Radio

Facebook MySpace Poster/Brochure

Camp Fair: _____

Friend/Alumni: _____

Other: _____

Applicant's Name _____

For Completion by Parents

1. Why do you want your daughter/son to participate in the Irish Life Experience?

2. Describe our daughter/son as an individual and as a member of your family?

3. Please list the names of other daughters/sons or friends who have participated in the Irish Life Experience and the year they participated.

We agree that the factual information presented here is true and accurate.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

If you have any questions regarding your application process please contact:

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For Office Use Only
Deposit Received \$ _____

Date _____



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Teacher Recommendation

Applicant's Name _____ Grade _____

School's Name _____ School's Phone () _____

Dear Teacher,

This student is applying for the Irish Life Experience, a unique summer program for high school students. This selective educational program enables students to study and travel in Ireland for three weeks.

Please provide us with your estimation of this applicant and her/his readiness for this type of program. The student's counselor will provide us with a detailed academic profile, so we are most interested in your comments on the student's personal qualities and characteristics.

Thank you for your cooperation.

The following is confidential information to be completed by a teacher only.

1. How long have you known the applicant? _____

	No Basis for Judgment	Below Average	Average	Good	Excellent (Top 10%)	Outstanding (Top 2-3%)
Energy/Initiative						
Independence						
Leadership						
Self-Confidence						
Sense of Humor						
Concern for Others						
Reaction to Criticism						
Responsibility						
Respect from Peers						
Respect from Adults						
Honesty/Integrity						

Applicant's Name _____

2. Please check the significant factors which contribute to the respect accorded with this student by her/his peers:

- Superiority in Studies Success in Athletics Leadership in Activities
 Accomplishments in Activities Interest in Other Students Personality
 Other _____

3. Which of the following factors detract from the student's character as viewed by her/his peers:

- Manners Lack of Interest in Others Lack of Motivation
 Attitude
 Other _____

4. Please summarize this student and her/his qualifications for the Irish Life Experience. We are particularly interested in the applicant's overall character, level of maturity, enthusiasm, special interests/talents, and the way in which she/he responds to new people and situations. Please try to include both strengths and weaknesses.

5. I recommend this applicant for participation in the Irish Life Experience:

- Enthusiastically Strongly Fairly Strongly
 With Hesitation Not At All

Teacher's Name _____

Teacher's Signature _____

Phone () _____

Date _____



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Counselor Recommendation

Applicant's Name _____ Grade _____
School's Name _____ School's Phone () _____

Dear Counselor,

This student is applying for the Irish Life Experience, a unique summer program for high school students. This selective educational program enables students to study and travel in Ireland for three weeks.

Please provide us with your estimation of this applicant and her/his readiness for this type of program. A separate recommendation will be completed by a teacher selected by the student.

Thank you for your cooperation.

The following is confidential information to be completed by a counselor only.

1. Please submit and up-to-date transcript with this form. We cannot review an application file without this information.

6. How long have you known the applicant?

3. How would you rate the applicant's academic ability and motivation?

Academic Ability: Below Average Average Above Average

Excellent Truly Outstanding

Motivation: Below Average Average Above Average

Excellent Truly Outstanding

4. This applicant ranks: () exactly () approximately _____ number from the top in a class of _____ students. Our school does not rank students.

This rank covers the period from _____

Applicant's Name _____

5. In your own words, please summarize this student and her/his qualification for the Irish Life Experience. We are particularly interested in the applicant's character, level of maturity, enthusiasm, and special talents/interests. Please try to include both strengths and weaknesses.

6. Please comment on any notable upward or downward trends in the student's transcript. We are interested in what external factors may have influenced such changes.

7. I recommend this applicant for participation in the Irish Life Experience:

Enthusiastically

Strongly

Fairly Strongly

With Hesitation

Not At All

8. Additional Comments: _____

Counselor's Name _____

Counselor's Signature _____

Phone () _____

Date _____