

**2018 PSWR Young Adult Ministry – Holy Land Trip
Application**

NAME:

(Please use the name that is on your passport.)

DATE OF BIRTH:

HOME ADDRESS:

PHONE NUMBER:

EMAIL:

CONGREGATION:

EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE (H): _____ (C/O): _____

COST: The estimated cost of this trip is \$3,600. This includes airfare, transportation in Israel/Palestine, breakfast, dinner, fees to holy sites, and generous tips to our guides/guest speakers. Please note that this cost does **not** include lunch and travel insurance. If you are part of the PSWR, the region will cover \$1,500 for each young adult participant.

PERSONAL INFORMATION:

Please list any medical conditions or allergies:

Please list any dietary restrictions:

Other:

SHORT ANSWER: PLEASE WRITE YOUR RESPONSES ON A SEPARATE SHEET OF PAPER.

1. Please describe why you want to have this experience. What interests you about this opportunity? What do you hope to learn?
2. How do you plan on sharing this experience with others so that they are informed and encouraged to work for justice and compassion?
3. Describe any cross-cultural experiences you've had. What did you learn about your ability to live and work in a cross-cultural context?
4. What other information or consideration would you like to communicate?

RETURN TO: Rev. BJ Barlow, PSWR 2401 Lake Ave. Altadena, CA 91001 EMAIL: bjbarlow@disciplespswr.org