



GCP Travel Experience Form

Travel Dates: _____ Destination(s): _____

Program name or host organization: _____

GCP Travel Partner (refer to the GCP Approved Travel Program List at <http://nhs.needham.k12.ma.us/info/global-c/global-comp.htm>)

Yes (If YES, complete only student and parent signatures) No (If NO, please complete the entire form and put it in the GCP Review Committee mailbox in the Guidance Office. Applications received by the 15th of the month will be reviewed and returned via the student's homeroom by the last day of the month.)

Student name _____ Current grade _____

Student signature _____ Date _____

Homeroom _____ Email _____

Parent/guardian name _____

Parent/guardian signature _____ Date _____

Program website: _____

Program description (mission and objectives): _____

How will you be challenging yourself to connect and interact directly with the culture and the people?

Check all that apply to your selected travel program:

- Homestay
- 30+ hours of community service
- Cultural study
- Political study
- Economic study
- Historical study
- Language immersion
- Pre-departure fundraising
- Pre-departure program requirements (please list): _____

If this trip/program is non-international, please explain how you feel it will increase your global awareness: _____

Program approved for GCP: Yes No Date reviewed _____

GCP Review Committee Member signature _____

<http://nhs.needham.k12.ma.us/info/global-c/global-comp.htm>

GCP Travel Experience Form 3/29/08