



Deutsche Gesellschaft für Humanökologie e.V. – Fritschestr. 26 – 10585 Berlin

Bewerbung zur Teilnahme | Application of Admission

The Future of Sustainable Food Business

Internationale Sommer Universität | International Summer University

July, 31 – August, 15 2016

TEIL 1 – PART 1

Persönliche Daten | Personal Information:

Nachname | Last Name _____ Vorname | First Name _____

Geburtsdatum | Birth Date: _____ (Mindestalter: 17 Jahre | Minimum age: 17 years)**

**) unter 18 Jahre bitte Parent Consent Form ausfüllen | under 18 years please fill out Parent Consent Form

Geschlecht | Gender _____ Staatsangehörigkeit | Citizenship: _____

Postanschrift | Mailing Address _____

Straße | Street

Hausnummer | Number

Stadt | Town

Postleitzahl | Postal Code

Land | Country

Telefon-Nr. | Phone Number: _____ Handy-Nr. | Mobile Phone: _____

Email-Adresse | Email Address: _____

Muttersprache | First Language: _____

Fremdsprachen | Foreign Languages: _____

[Niveau der Kenntnisse | level of your skills: (A) Grundkenntnisse | Basic Speaker; (B) Selbständige

Sprachverwendung | Independent Speaker; (C) Fortgeschrittene Sprachverwendung | Proficient Speaker]

Spezielle Ernährungsform?/Specific Eating Habits? (vegetarian, allergies etc.) _____

Bildungseinrichtung - wähle (A) oder (B) | Educational Institution - choose (A) or (B)

(A) Abiturient/in | Graduate of: Schule | Highschool _____

Stadt | Town

Postleitzahl | Postal Code

Land | Country

(voraussichtliches) Datum des Schulabschlusses | (Expected) Graduation Date _____

geplante Studienrichtung | Planned Study Program _____

(B) Studierende/r an einer Hochschule | College Student:

Studiengang | Study Program _____

Hochschule | College _____ Semester: _____

Stadt | Town

Postleitzahl | Postal Code

Land | Country

Gesundheitliche Einschränkungen

Die Aktivitäten können körperlich und mental anspruchsvoll sein. Deshalb sollten die Teilnehmenden in einer guten körperlichen und mentalen Verfassung sein. Sollten Sie irgendwelche Bedenken oder Einschränkungen haben (wie beispielsweise schwerwiegende Allergien, körperliche Einschränkungen oder Lernschwierigkeiten), die Ihre Teilnahme an bestimmten Aktivitäten einschränken könnten, teilen Sie dies bitte mit. Alle Angaben werden streng vertraulich behandelt.

Health/Medical Information

Program activities can be physically and socially demanding. We expect students to be in good physical/mental health. If you have any conditions/concerns (including but not limited to allergies, injuries, learning difficulties) that you feel may inhibit your participation in any of the activities, please describe below. All details will be held with the utmost confidence and privacy.

TEIL 2 – PART 2

Bitte beantworten Sie die folgenden Fragen und reichen Sie diese, wenn möglich in einer zusammenfassenden Datei im PDF-Format ein. Bitte legen sie eine Kopie Ihres aktuellsten Zeugnisses oder Leistungsnachweises bei.

Please type your responses to the following questions and submit in pdf format. If possible, combine files of this application into one pdf file to submit. Please also include a copy of your most recent transcript with this application.

1) THE FUTURE OF SUSTAINABLE FOOD BUSINESS

Warum interessieren Sie sich für das Thema: *The Future of Sustainable Food Business*? Was motiviert Sie oder war Anlass, sich mit diesem Thema zu beschäftigen? Warum ist diese Thema aus Ihrer Sicht wichtig? (<300 Worte)

Why are you interested in the topic: *The Future of Sustainable Food Business*? What has motivated you or led you to this topic? –and/or- Why do you find this topic of particular importance? (<300 words)

2) VORSCHLAG FÜR EIN GRUPPEN-PROJEKT – PROPOSAL FOR A GROUP PROJECT

Bitte reichen Sie einen Vorschlag für ein Gruppen-Projekt zum Thema "The Future of Sustainable Food Business" ein. Beachten Sie dabei die folgenden 5 Fragen (1-2 Seiten und in englischer Sprache):
Please attach a proposal for a group project on the topic of "The Future of Sustainable Food Business" containing the following 5 steps (1-2 pages):

1. Welches Thema möchten Sie bei der Sommer Universität erforschen?
What topic would you like to explore at the Summer University?
2. Für welchen Partnerbetrieb in Emmendingen interessieren Sie sich am meisten und weshalb?
(Auf unserer Internetseite finden Sie Informationen zu den verschiedenen Partnerbetrieben)
Which partner business in Emmendingen interests you most and why? (On our website you will find further information on our partner businesses)
3. Welches sind die Hauptfragen, um dieses Thema zu untersuchen?
What are the main questions to investigate that topic?
4. Welche Arbeitsschritte schlagen Sie für die Umsetzung eines solches Projekts vor?
Which working steps would you propose for such a project?
5. Welches war Ihre einprägsamste Erfahrung mit Gruppenarbeit?
Which is your most memorable experience with project work?

3) (Optional) SOZIALES UND EHRENAMTLICHES ENGAGEMENT; SCHULISCHE UND AUSSERSCHULISCHE AKTIVITÄTEN – COMMUNITY ENGAGEMENT AND VOLUNTEER WORK; ACADEMIC AND EXTRACURRICULAR ACTIVITIES

Was machen Sie in Ihrer Freizeit? Beschreiben Sie Ihre Aktivitäten und Ihr soziales Engagement. Von besonderen Interesse sind Aktivitäten, die im Zusammenhang mit dem Thema der Sommeruniversität stehen.

What do you do in your free time? Describe your extracurricular activities and social engagement. Of particular interest are activities with a link to the topic of this summer university. (<200 words)

GEBÜHREN UND FRISTEN - FEES AND DEADLINES

Reguläre Teilnahmegebühr 2.500,00 Euro | Regular fee: 2,500.00 EURO

- Programmgebühr: 1.300,00 Euro | Program fee: 1,300.00 EUR

- Vollpensionsgebühr: 1.200,00 Euro | Boarding fee: 1,200.00 EUR

***Bewerbungsfrist: bis 30. April 2016 | Application Deadline: until 2016, April 30th**

*Studierende die eine finanzielle Unterstützung beantragen wollen, müssen Ihre Bewerbung frühzeitig eingereicht haben, da es mehr Zeit benötigt die erforderlichen Stibendien einzuwerben. Der Auswahlprozess für Stipendien startet bereits ab dem 30. Januar 2016. Der Bewerbungsprozess wird ungeachtet dessen bis zum 30. April 2016 fortgeführt. Alle Bewerber/innen werden innerhalb eines Monats schriftliche oder per E-Mail über ihren Bewerbungsstatus informiert. Nach Ablauf der Bewerbungsfrist können freie Plätze fortlaufend vergeben werden.

*Students requiring financial assistance must submit their application early as possible, as more time is required to secure funding for students in need. All students are welcome to submit their application early as possible. We will collect applications and start the selection procedure immediately after Jan 30th, and will continue to be collected until April 30th. All applicants will be notified via email of their admission status as soon as possible, and no later than a month after the closing date on April 30th. After the deadline we will accept students on a rolling basis only as space permits.

Innerhalb einer Frist von zwei Wochen ab Zulassung zur Sommer-Universität ist die Überweisung einer nicht wiedererstattungsfähigen Anzahlung von 250,00 Euro erforderlich.

Within two weeks of acceptance into a program a non-refundable deposit of 250.00 Euro is required.

Die Zahlung der vollständigen Teilnahmegebühr muss bis zum 30.Juni 2016 erfolgen.

Final payment is due no later than June 30th 2016.

GEBÜHREN UND FINANZIELLE UNTERSTÜTZUNG – FEES AND FINANCIAL ASSISTANCE

Die Teilnahmegebühr deckt die Kosten für Unterricht, Unterkunft, Mahlzeiten und Materialien.

Studierende die eine finanzielle Unterstützung beantragen wollen, müssen das *financial aid assistance*-Formular ausfüllen und mit einreichen. Weitere Details finden Sie in diesem Formular.

Falls Sie weitere Fragen haben, kontaktieren Sie uns bitte per E-Mail: coombs@coh-europe.de oder schmidtsdorf@coh-europe.de

The comprehensive regular fee covers tuition, room, meals, and all instructional materials. Students requiring financial assistance will need to fill out and attach the *financial aid assistance* form that can be downloaded from our website. Please refer to this form for details. For any further questions, please contact us via email: coombs@coh-europe.de or schmidtsdorf@coh-europe.de.

ABSAGE – CANCELLATION POLICY

Die Absage der Teilnahme muss schriftlich erfolgen. Eine Erstattung (abzüglich einer nicht erstattungsfähigen Anzahlung von 500,00 Euro) ist bei gesundheitlichen oder familiären Notfällen möglich.

Sollte es zu einer Absage der Sommer-Universität durch Veranstalter kommen, wird die komplette Anzahlung einschließlich der 250,00 Euro zurückerstattet.

Bei einer Absage, die weniger als zwei Wochen vor dem Beginn der Sommer Universität erfolgt oder bei Nicht-Erscheinen, wird die volle Teilnahmegebühr erhoben oder einbehalten.

Cancellation notification must be made in writing. Refunds (minus the 250.00 Euro nonrefundable deposit) will be considered in the case of documented health or family emergencies.

In case of a cancellation of the Summer University the entire amount of the deposit is refunded including the 250.00 Euro.

Cancellations received less than two weeks prior to program start date, and no shows, will be subject to full payment.

****MINDESTALTER – MINIMUM AGE**

Das Mindestalter ist 17 Jahre ab Beginn der Sommer Universität. Minderjährige müssen ein Einwilligungserklärungformular Ihrer Eltern mit einreichen.

Students must be 17 by start of program. Students <18 will need to submit a parental consent form.

BEWERBUNGSHECKLISTE:

Denken Sie daran, die folgenden Informationen einzureichen:

(Wenn möglich bitte in einer PDF-Datei kombinieren)

Persönliche Angaben

Teil 2 – Interesse zum Thema, Projektvorschlag, und soziales Engagement

Empfehlungsschreiben eines Lehrers/einer Lehrerin

Aktuelles Zeugnis oder Leistungsnachweis

Letzte Seite eingescannt mit Unterschrift

APPLICATION CHECKLIST:

Please be sure to include the following in your completed application:

(If possible, combine files into one PDF file)

Personal & Educational Data

Part 2 – Topic Interest, Project Proposal, Social Engagement

Teacher Recommendation

Current Transcript

Final page scanned with signature

Bitte schicken Sie Ihre Anmeldung per E-mail an die unten stehende Adresse:

Please send your applications via e-mail to the following address:

Assistant, Julie Schmidtsdorf: schmidtsdorf@coh-europe.de

Es gilt deutsches Recht. Als Gerichtsstand wird, soweit gesetzlich zulässig, Berlin vereinbart.

The contract is subject to the law of the Federal Republic of Germany. But for any operation of law, place of jurisdiction is Berlin.

Mit meiner Unterschrift erkläre ich die Vollständigkeit und Richtigkeit der in dieser Bewerbung gemachten Angaben.

My signature below indicates that all information and documentation in this application is complete and factually correct.

Unterschrift | Signature: _____ Datum | Date: _____



Parental Consent Form
“The Future of Sustainable Food Business” Summer University
July 31 – August 15, 2016

I/We the undersigned _____
(parent or guardian’s printed name)

Parent(s) or guardian(s) of _____
(student name)

a minor participating in the “The Future of Sustainable Food Business” Summer University in Emmendingen, Germany in July/August 2016, do hereby authorize the participation and attendance of the said minor in the program in Emmendingen and nearby region, and all activities in connection therewith, conducted under the auspices of the German Society for Human Ecology. I/We have been fully and completely informed and advised regarding the nature and purpose of said Summer University and the activities conducted therein. It is my/our full and free decision to allow said minor to participate in this summer academic camp.

I/We certify that said minor is in good health and hereby authorize the directors of the Summer University to act for me/us, according to their best judgment, in any emergency requiring medical attention. I/We understand and agree that Summer University may need to contact appropriate emergency medical providers regarding said minor. I/We give consent for any medical treatment (i.e., diagnostic, therapeutic, and surgical procedures) that such medical providers may deem necessary with the understanding that the cost of any such treatment will be my/our responsibility. I/We understand that my/our consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment.

In consideration of the German Society for Human Ecology accepting and permitting said minor into this Summer University, I/we do hereby, for myself, my family and anyone entitled to act on my behalf, release and discharge the German Society of Human Ecology, its Board of Trustees, the College of the Atlantic, and their respective employees from any and all claims or causes of action, in the absence of gross negligence, that may arise during or as a result of said minor’s attendance and participation in this Summer University.

My/our signature(s) on this Parental Consent Form and Waiver of Liability Agreement signify(ies) my/our understanding and acceptance of the terms and conditions set forth therein.

Printed Name(s) _____ Relationship _____

Signature(s) _____ Date _____



Financial Aid Application

“The Future of Sustainable Food Business” Summer University

July 31 – August 15, 2015

Please submit this financial aid application at the same time as your Application of Admission (attach separately).

FOR YOUR INFORMATION

The purpose of this form is to identify how much financial support you need and to help you articulate to a potential sponsor why their sponsorship is worthwhile and beneficial. We aim to work together secure financial support for students who are in need and would benefit from this program. Ultimately, however, we are unable to guarantee that the requested financial support will be met. Your request for financial assistance will not affect general admittance into the program.

Students Information:

Student's Name: Last _____ First _____

Phone Number: Home _____ Mobile Phone: _____

Email Address: _____

A) FUNDING REQUEST LETTER TO SPONSORS

This letter should be submitted as a separate document in a letter format not exceeding 1 page.

Please present yourself to a potential sponsor in a letter. This letter should make a case for why you should be funded and should at least include:

- How much of the total participation fee you will be able to contribute yourself
- How much financial support you will need to cover the total participation fee
- Why the sponsor should consider providing financial support, i.e. how this program will benefit your studies, how this program supports your immediate and future educational plans and/or civic engagement.
- Other information you see as relevant

The most effective letters demonstrate that you are honestly contributing what you can, and make a case for how your participation will positively impact your future, as well as the future of your community or broader society.

You should assume that the sponsor will read only this 1-page letter. Your letter should therefore also contain your first name, your age and the name of your current educational institution. You are free to copy or include information from other parts of your application as needed. You may also wish to include information regarding your financial circumstances that you would like potential sponsors to know.

B) FINANCIAL CIRCUMSTANCES

This section will not be shared outside of the Summer University selection committee. Section B & C can be filled in directly, or typed if preferred.

Combined household income per month: _____

Number of children/dependents in household _____

Please elaborate on any further circumstances or information (not included in your Letter to Sponsor) that should be considered.

You are welcome to attach documentation (i.e. tax forms) relevant to your financial circumstance.

(Optional) C) FUNDING SOURCES

We welcome suggestions of organizations you know of that may be able to help financially support your participation in this program. These may be organizations in your home country in related fields, organizations providing scholarships in your home country, or other organizations supportive of this type of educational opportunity.

Checklist:

- Financial Aid Application Form (signed)
- Letter to Sponsor (typed as separate document)
- (Optional) Relevant documentation for Section B

My signature below indicates that all information is complete, factually correct, and honestly presented.

Signature: _____ Date: _____