

**RIVER ROAD CHURCH OF CHRIST  
2023 MARTIN LUTHER KING, JR. DRIVE  
ALBANY, GEORGIA 31701**

**The 17<sup>th</sup> Annual Africa-America  
Cultural Exchange & Training Program  
April 28, 2011 through May 24, 2011**

PARTICIPANT APPLICATION (please type)

SURNAME: \_\_\_\_\_ GIVEN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Number: \_\_\_\_\_

Post Office Box: \_\_\_\_\_

Province/State: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Occupation Description (please tell us exactly what you do)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_Male \_\_\_\_\_Female

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Home Church Congregation: \_\_\_\_\_

1. Have you completed the required SAACETP seminar? YES: \_\_\_\_\_ NO: \_\_\_\_\_

2. Are you a Christian? (Baptized for remissions of sins) YES: \_\_\_\_\_ NO: \_\_\_\_\_

3. Why do you wish to participate in the SAACETP?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What do you expect God to teach you through this Program?

\_\_\_\_\_  
\_\_\_\_\_

HEALTH AND SAFETY INFORMATION:

Father/Guardian's Name (FOR STUDENT ONLY) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian's Name (FOR STUDENT ONLY) \_\_\_\_\_  
Home Address (If different from above): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. Please list any allergies you have: \_\_\_\_\_
2. Please list any medication you are taking: \_\_\_\_\_
3. Do you have any medical conditions (such as asthma) that could affect your health and well being while on the trip? \_\_\_\_\_

REQUIREMENTS:

1. Two letters of recommendation must accompany your application. One must be from your church leadership and one from your employer, teacher, or community/civic leader.
2. Proof of Exchange Training seminar must accompany your application.
3. Due to the Homeland Security requirements and time required for appointments with U.S. Embassies, your completed applications must be returned by December 31, 2010 to:

Southern Africa America Cultural Exchange and Training Program  
River Road Church of Christ  
2023 Martin Luther King, Jr. Drive  
Albany, Georgia 31701 (USA)  
Fax: 229 432-1952

3. A letter of acceptance or non-acceptance will be provided no later than February 28, 2011. Only formally accepted participant names will be forwarded to the American Embassies (Visa Consular Section) which will help expedite the visa process.

SIGNATURES:

\_\_\_\_\_ PARENT (If Applicable)

\_\_\_\_\_ APPLICANT

DATE: \_\_\_\_\_