

# APPLICATION FORM

... for Chez Vous Summer! 2020

Please indicate the items for which you are applying:

<input type="checkbox"/> <b>Chez Vous</b> Complet Track: _____ (write in from Study Track Option Sheet)  <b>plus</b> _____ the <b>Head-start</b> option of this track  <input type="checkbox"/> I am also applying to the Institute for financial aid. (Attention - Jan. 13 deadline! See online instructions at <a href="http://chezvoussummer.com">chezvoussummer.com</a> under the APPLY link.)	OR	<input type="checkbox"/> <b>Séjour</b> Program __S1 __S-2a __S-2b __S-3a __S-3b __S-4 __S-5
	+	<input type="checkbox"/> <b>Paris Plus!</b> <i>With either Complet or Sejour</i>

Name: \_\_\_\_\_ Nick name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Current College/University: \_\_\_\_\_

Please check your official class standing **at the end of** spring semester 2020: Fr\_\_\_\_ Soph\_\_\_\_ Jr\_\_\_\_ Sr\_\_\_\_

Expected Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

Planned Major(s) and Minor(s) (or Undecided): \_\_\_\_\_

Please list the college-level French courses you are taking during this current school year (and letter grade achieved if course is completed):

a) \_\_\_\_\_ ( )    b) \_\_\_\_\_ ( )    c) \_\_\_\_\_ ( )

Please list all college French courses taken prior to this year:

Course Name & #	Sem./Year	Letter Grade	Course Name & #	Sem./Year	Letter Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Years of high-school French: \_\_\_\_\_?

Review and Signature of primary French professor (including chosen Track above): \_\_\_\_\_

**Your address at school**

**Permanent Home Address**

Box/Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Phone/E-mail \_\_\_\_\_ / \_\_\_\_\_

**Optional Information**

\_\_\_\_\_ *Father's name*                      *address*                      *Email*

\_\_\_\_\_ *Mother's name*                      *address*                      *Email*

Do you have any medical conditions we should be aware of? Or medically-related dietary restrictions?

No \_\_\_\_\_ Yes \_\_\_\_\_ ... If so, please note: \_\_\_\_\_

Do you play an instrument with which you would be willing to participate in student worship times?

No \_\_\_\_\_ Yes \_\_\_\_\_ ... Instrument \_\_\_\_\_

## Thank you for **your complete responses** to the following questions.

1. Have you previously spent time in France or a francophone country? \_\_\_\_ No \_\_\_\_ Yes  
If yes, please describe briefly your experience there, including when, length of time, and the nature of your visit.
2. How does Chez Vous fit into your academic program as well as your personal interests?
3. At this point in your life would you consider yourself to have made a personal commitment to Jesus Christ? \_\_\_\_\_  
If yes, or not sure, how would you describe the story that might have led you to this commitment?
4. Have you been subject to any behavioral discipline at a college or university? If so, we don't need the fine details, but please give us your perspective on the event(s). (By signing this application, I also give permission to contact my college or university for a confidential reference.)

*Please read carefully the following before signing . . .*

**By signing my name below, I understand that if accepted, I am affirming all of the following for the duration of Chez Vous.**

- \* That I am coming to participate fully in this semi-immersion experience, including speaking only French during the periods designated.
- \* That in representing Christ, my home country, and my home university, I am fully committed to upholding the behavioral obligations of the scriptures, the code of my home university catalog, the customs of local believers in France, as well as Institute standards concerning security, relationships, and alcohol as detailed in Orientation.
- \* And that in the unlikely event I fail to uphold this affirmation, I may be released from the program with possible forfeiture of all fees and with full responsibility for my own return home (including airline return ticket purchase or change fee).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Merci beaucoup,  
à bientôt!**



The Jacques Lefevre Institute

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