

FFIPP: Educational Network for Human Rights in Palestine/Israel

Summer 2018 Seminar: Illuminating the Narratives of Life Across Mandate Palestine

Application Form

First Name:

Last Name:

Date of birth:

Gender:

Place of birth:

Permanent Address:

Current Address (if different):

Phone:

Email:

Citizenship:

Passport number:

Please provide TWO Emergency contacts including cell phone numbers (Name, phone, email):

I)

II)

Your Health Information Medical Insurance and Policy Number Remarks on
Special Health Needs:

University/School:

Select one: Faculty/teacher or student

Department:

Please tell us about your interest in joining this FFIPP seminar.

What are your plans after Summer 2018 in Palestine/Israel? How does this FFIPP seminar and/or human rights relate to your goals?

Additional Forms

Please attach a copy of your CV.

For students only: Please attach a copy of your transcripts (non-official copy will be accepted).

Signed: _____

Date: _____

Please complete, scan, and email to annatyshkov@gmail.com