



## **Summer Intensive Language Program in Morocco** *June 6 - July 15, 2016*

# **APPLICATION FORM**

**The National Council on U.S.-Arab Relations (NCUSAR)**, in collaboration with **The Arab-American Language Institute in Morocco (AALIM)** for the summer of 2016, is pleased to announce its Summer Language Program in the Kingdom of Morocco. Students will spend **six weeks** in historic Meknes, Morocco taking part in intensive Arabic language instruction. Students at all levels of Arabic proficiency are encouraged to apply.

Students will spend four (4) hours each weekday in formal Modern Standard Arabic classes, as well as complete out-of-the-classroom assignments. The AALIM center is host to a community of Arabic learners throughout the summer, providing for a fully immersive program. Students may elect to take an additional three (3) hours of Moroccan *Darija* dialect classes a week for an additional fee.

Those selected will also gain direct personal experience in Moroccan culture, history, and society through a variety of day excursions, local outings, workshops and lectures. Meknes is an ideal setting for students to focus on learning Arabic while exploring ancient and modern Morocco. The main AALIM center is located inside the traditional walled Old City, called the *Medina*, an area which features heavily in the popular Western imagination of Morocco. Meknes is also a thriving modern metropolis of over one million residents. The AALIM center is just a short walk from the bustling town center in the New City.

**Program Costs:** The program fee is \$3,572.00. The fee includes the following:

**1. Facilities and Student Support:** Classrooms equipped with plasma televisions and DVD players; a teaching assistant available outside of class for tutoring; an onsite coordinator capable of communicating in both Arabic and English who is completely familiar with the city and its resources, such as doctors, dentists, transportation, internet cafes, etc.; educational materials, such as copies of exams and supplementary materials, excluding textbooks; student support from the National Council on U.S.-Arab Relations; orientation upon arrival, and final party including food and beverages with live music; and full use of the AALIM Center public spaces and free wifi (with your own devices) during open hours.

**2. Academic Activities:** Four (4) hours per weekday classroom instruction, plus two (2) hours of available office (or by appointment) hours per weekday; first-day orientation and historical-cultural tour of Meknes; three (3) lectures or local outings/activities in Arabic or English; and three (3) workshops or demonstrations/activities in Arabic; a group day study visit to Volubilis and Moulay Idriss, to include accompanied transportation, a guide at Volubilis, and bag lunches; and a group day visit to Chefchaouen or similar destination (such as Asila or Rabat), to include accompanied transportation, tour, and local lunch.



**3. Room/Board:** Housing and two meals per day with a Moroccan family; family home-stays are generally double-occupancy at AALIM's discretion in order to provide the best possible educational setting. Requests for single-occupancy rooms will be considered based on availability; there is an extra fee for single rooms if they are available.

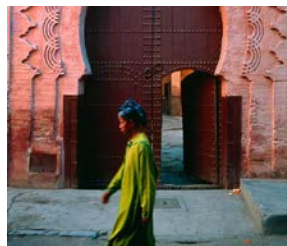
**4. Optional Upgrades:** Classes in Moroccan dialect Arabic (*Darija*) for three (3) hours per week for an additional \$180.00 (minimum class size and previous Arabic experience of 1 year required).

**Eligibility:** Applicants must be enrolled in an accredited college or university in the United States, and must be in good academic standing. Eligible students will be required to complete the application process described below. Acceptance is completely up to AALIM's discretion. **Applications are due April 10, 2016.**

## About Morocco

*The United States and the Kingdom of Morocco share a long and rich history. Relations between these two countries date back to the earliest days of U.S. history, Morocco being the first foreign nation to diplomatically recognize the newly founded United States. Both nations share important interests in the Middle East, as they both seek sustained and strong engagement to identify priorities of economic, social, and political reform. Even with the strength of the Moroccan-US relations, discourse in the United States about Morocco is dominated by high-profile but contained events, and often sensationalized events, together with periodic reports in the media that highlight occasional tensions between the two countries' foreign policies without providing proper context, background, or local perspectives, resulting in a shallow understanding of the country by Americans as a whole.*

*Morocco remains a key American ally in the Middle East and North Africa, and stands alone among Arab countries in many respects. The country has deep historical and cultural ties to both Europe in the north, and sub-Saharan Africa in the south. Nevertheless, these influences blend effortlessly with Arab, Jewish, and Berber heritage resulting in a culture that is uniquely Moroccan.*





**A completed Language Program Application includes the following items:**

**1) A résumé or curriculum vitae.**

**2) A current official transcript.** Please use an official transcript provided by your college or university. Official transcripts may be mailed directly by the applicant's college or university, or mailed by the applicant if sealed by the appropriate college or university authority.

**3) Travel Documentation.** Please include a clear photocopy of your passport's personal identification page. All program participants must hold a current U.S. Passport which does not expire before January 2017. Americans staying in Morocco for less than 90 days are not required to obtain a visa.

**4) The following completed forms from this application (Pages 4-13).**

- a) Language Program Application
- b) Academic Information
- c) References (*2 references required*)
- d) Form 1: Permission for Emergency Treatment
- e) Form 2: Medical Treatment Responsibility
- f) Form 3: Insurance Notification
- g) Form 4: Release and Indemnification
- h) Form 5: Family Home Stay Preference
- i) Form 6: Affiliation Contract
- j) Form 7: Certification

**5) Students who have participated in Model Arab League who wish to apply for a National Council on U.S.-Arab Relations-sponsored partial scholarship will also need to provide an essay of no more than 500 words addressing the following topic: "U.S.-Arab Relations: Challenges for America's Leaders."**

***Please submit all documents as hard copies mailed to the address provided below.***

To apply, all documents must be **received by (not postmarked by) April 10, 2016** via mail to:

*National Council on U.S.-Arab Relations  
ATTN: AALIM Program  
1730 M Street, NW, Suite 503  
Washington, DC 20036*



**Language Program Application**

1. NAME: \_\_\_\_\_  
*Last First Middle Initial*

2. DATE OF BIRTH: \_\_\_\_\_  
*MM/DD/YYYY*

3. SEX: \_\_\_\_\_

4. NATIONALITY: \_\_\_\_\_

5. EDUCATIONAL STATUS:

\_\_\_\_\_  
*College or University Year Major Expected Date of Graduation*

6. MAILING ADDRESS:

\_\_\_\_\_  
*Street Address Apt./ House number City*

\_\_\_\_\_  
*State Zip Code Country*

7. HOME TELEPHONE: \_\_\_\_\_

8. MOBILE TELEPHONE: \_\_\_\_\_

9. E-MAIL (school): \_\_\_\_\_

10. E-MAIL (personal): \_\_\_\_\_

11. PERMANENT ADDRESS:

\_\_\_\_\_  
*Street Address Apt./ House number City*

\_\_\_\_\_  
*State Zip Code Country*

12. PASSPORT NUMBER: \_\_\_\_\_

13. EMERGENCY CONTACT INFORMATION:

\_\_\_\_\_  
*Name Relationship Email*

\_\_\_\_\_  
*Home Phone # Mobile Telephone # Office/Professional Telephone #*

\_\_\_\_\_  
*Permanent Address*

\_\_\_\_\_  
*Doctor's Name Doctor's Phone #*



**Academic Information**

1. Are you familiar with the Arabic alphabet and script? (Yes or No) \_\_\_\_\_
2. Please self-evaluate your level of proficiency in Modern Standard Arabic (Poor, Fair, Good, or Excellent):
  - a. Your spoken Arabic: \_\_\_\_\_
  - b. Your reading: \_\_\_\_\_
  - c. Your writing: \_\_\_\_\_
  - d. Your aural comprehension: \_\_\_\_\_
3. Please provide details on your previous Arabic study, if any.
  - a. Institution or program:
  
  - b. Period of study:
  
  - c. Hours of study per week:
  
  - d. Course level and book(s) used:
5. Level of proficiency attained as certified by institution (Beginning Arabic, Lower Intermediate Arabic, Higher Intermediate Arabic, Advanced Arabic):



**Applicant Reference**

Please have this form completed by a professor or other individual who can describe your academic ability in the Arabic language. This recommendation should be included with your mailed application materials in a sealed envelope, or e-mailed directly from the recommender to the National Council on U.S.-Arab Relations.

1. APPLICANT'S NAME: \_\_\_\_\_  
*Last* *First* *Middle Initial*

2. EVALUATOR'S NAME: \_\_\_\_\_  
*Last* *First* *Middle Initial*

3. EVALUATOR'S POSITION: \_\_\_\_\_

4. How long have you known the applicant, and in what capacity?

5. **This form aids in class placement and does not affect admission into the summer language program.** If you are able, please evaluate this applicant's level of Arabic proficiency in the following categories (Poor, Fair, Good, or Excellent):

a. Speaking: \_\_\_\_\_

b. Listening: \_\_\_\_\_

c. Reading: \_\_\_\_\_

d. Writing: \_\_\_\_\_

6. Please describe the applicant's maturity, cultural sensitivity, and his or her capability to adapt to life in another country:

7. Please add any comments that we should be aware of:

*Please return this form in a sealed envelope to the applicant, or email directly to kaylee@ncusar.org.*



**Form 1: Permission for Emergency Treatment**

On rare occasions a student participating in an overseas study program faces a health emergency requiring hospitalization and/or emergency treatment. To prevent dangerous delay in such an emergency it is strongly recommended that the student and his/her parent or guardian sign the following statement and that the student carry it on his/her person at all times while he/she is abroad.

In the event of emergency, illness or injury affecting (my son, daughter, ward, or myself), \_\_\_\_\_(student's name), born \_\_\_\_\_(date), the undersigned hereby authorizes immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering an anesthetic and performing necessary surgery.

1. STUDENT'S BLOOD TYPE: \_\_\_\_\_

2. KNOWN ALLERGIES TO MEDICATION: \_\_\_\_\_

3. STUDENT'S SIGNATURE: \_\_\_\_\_

4. PARENT OR GUARDIAN SIGNATURE (if student is under 21): \_\_\_\_\_

5. DATE: \_\_\_\_\_

6. Person(s) to contact in case of emergency, illness, or accident:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone Number*

7. Contact Abroad (You may use AALIM as your contact abroad if you wish):

\_\_\_\_\_ (*Anne Marie Skye, AALIM Center Director*)

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

(*3, Sekhayat Hmadcha, Ferrane Nouala, Meknes, Morocco 50000*) -- (**NOTE:** avoid postal mail to AALIM if possible, delays are common and packages require identification at the post office. Consider using FedEx, UPS, etc.)

\_\_\_\_\_ (*AALIM: 05-35-46-03-61*)  
*Telephone Number (from Morocco)*

\_\_\_\_\_ (*AALIM: 011-212-535-46-03-61*)  
*Telephone Number (from USA)*



**Form 2: Medical Treatment Responsibility**

All medical costs incurred in Morocco are not included in the program fees. If I need a doctor and am unable to pay due to illness or otherwise AALIM will advance funds for my doctor’s visit. I, \_\_\_\_\_ (applicant’s name), the undersigned, agree to reimburse any medical costs advanced by AALIM. I agree to keep receipts for any doctor’s visits, medical treatment, and medication to submit to my U.S. insurance company, \_\_\_\_\_ (name of insurance company). If I am ill and refuse professional medical treatment, I understand that under Moroccan law (article 431 of the criminal code), AALIM is obligated to arrange a medical visit for me should my condition be deemed serious. I understand that I will be responsible for the cost of this. If I refuse medical treatment for religious reasons, I must provide a statement on a separate sheet of paper explaining these circumstances.

*Note for budgeting:* a doctor’s visit in Meknes generally costs \$50.00 USD or less; medications for common problems such as diarrhea and/or vomiting may cost between \$25.00 USD and \$50.00 USD. Although it is unpleasant to think of being ill while abroad, travelers sometimes encounter new circumstances and germs their bodies are not used to, and it is best to think ahead.

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE COST OF ANY MEDICAL CARE I NEED WHILE IN THE AALIM PROGRAM. IF ALLIM ADVANCES MONEY FOR THE COST OF MEDICAL CARE, I AGREE TO REPAY IT WITHIN A WEEK, OR UPON LEAVING THE PROGRAM, WHICHEVER COMES FIRST.

STUDENT’S NAME (print): \_\_\_\_\_

STUDENT’S SIGNATURE: \_\_\_\_\_

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

PARENT OR LEGAL GUARDIAN SIGNATURE (if student is under 21): \_\_\_\_\_

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





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**Form 3: Insurance Notification**

1. PARTICIPANT'S NAME: \_\_\_\_\_
2. NAME OF MEDICAL INSURANCE COMPANY: \_\_\_\_\_
3. INSURANCE POLICY NUMBER: \_\_\_\_\_
4. NAME OF GROUP (if insurance is a group policy; i.e: employer or professional organization):  
\_\_\_\_\_
5. PERIOD OF COVERAGE: \_\_\_\_\_
6. SIGNATURE OF PARENT OR GUARDIAN (if student is under 21): \_\_\_\_\_
7. DATE: \_\_\_\_\_

***Special Note:***

*All students are required to obtain emergency evacuation insurance in case of serious illness or injury. Program participants are also required to provide a doctor's medical clearance. These forms will be sent in your acceptance package.*

*Further, participants are encouraged (but not required) to have the following immunizations recommended by the U.S. Public Health Service: tetanus, MMR and polio boosters, gamma globulin, and typhoid.*



**Form 4: Release and Indemnification**

I (We), the undersigned, (each of us), for myself (ourselves), my (our) heirs, executors, administrators, successors, and assigns, covenant and agree that I (we) will never sue, or bring, or in any way aid, any legal action, or proceeding against the Arab American Language Institute (AALIM), the National Council on U.S.-Arab Relations (NCUSAR), or affiliated sponsors, their legal representatives, or any and all other persons for whose acts or to whom it might be liable, for any and all claims, demands, damages, costs, expenses and compensations, incurred by reason of failure and refusal of the undersigned to conform to the requirements of participants in the NCUSAR/AALIM Summer Program.

Further, I (we), the undersigned, (each of us), for myself (ourselves), my (our) heirs, executors, administrators, successors, and assigns (jointly and severally) do hereby acknowledge complete responsibility for all doctor, hospital, dental, first aid, and other medical expenses, and for transportation, extraneous room and board, and personal expenses which may be incurred while participating in the NCUSAR/AALIM Summer Program, and further covenant and agree that I (we) will at all times hereafter keep and save harmless and indemnify The Arab American Language Institute in Morocco, the National Council on U.S.-Arab Relations, or affiliated partners, their legal representatives, or any and all other persons for whose acts or to whom it might be liable, against any and all actions or causes of action, claims, demands, liabilities, losses, damages or expenses which said institutions, their legal representatives, and any and all other persons for whose acts or to whom it might be liable, may incur by reason of the failure and refusal of the undersigned to conform to requirements of participants in the NCUSAR/AALIM Summer Program.

It is to be understood that this indemnification is not an undertaking on the part of the above-mentioned institutions of the responsibility for the above-mentioned expenses; nor is the release an admission of liability on the part of the said institutions.

The undersigned expressly reserve(s) all rights of action, claims, and demands against any and all other persons whoever not named herein.

In witness whereof I (we) have set my (our) hand(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

STUDENT'S NAME (print): \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE (if student is under 21): \_\_\_\_\_



### **Form 5: Family Home Stay Preference**

This form is used to make the best matches possible between students at AALIM and Moroccan host families. AALIM will, to the extent possible, take your requests into consideration but we cannot guarantee your preferences. Not all home-stay families are within easy walking distance to the AALIM center; any transportation costs are the student's responsibility. Home stays offer obvious advantages: you will experience daily life in Morocco as it is actually lived; you will use your new knowledge of Arabic and particularly of *Darija* (the Moroccan dialect) on a daily basis in real situations; and many students find that home-stays are an exceptionally enriching and worthwhile experience. However, you should be aware that you will likely encounter cultural differences that may be challenging for you. Among the aspects of life that you may find different with your home-stay host family are a different concept of how much privacy is needed, meal times or food that you are not used to, more noise than you may be used to, and so forth. All Moroccan family stays are alcohol-free, as are other AALIM accommodations. To take full advantage of your home-stay experience, you are encouraged not to speak English, even if you are assigned to a family who is hosting another English-speaking student. For security reasons, you must reside with your assigned family and keep them apprised of your whereabouts when not at home; in the case of irreconcilable differences, AALIM will place you elsewhere.

To help us find the best home stay family for you, please complete the following:

1. STUDENT'S NAME: \_\_\_\_\_
2. STUDENT'S INSTITUTION OR GROUP NAME: \_\_\_\_\_
3. STUDENT'S GENDER: \_\_\_\_\_ 4. STUDENT'S AGE: \_\_\_\_\_
5. Do you smoke? (Yes or No) \_\_\_\_\_ 6. List any allergies: \_\_\_\_\_
7. Do you have any medical problems that could affect your home stay?
8. Are you a vegan, vegetarian, or do you have any other specific dietary restrictions? If so, which, and how strict are you in this observance?
9. How far are you willing to walk between your host family and the AALIM center (in time or distance)?
10. Please make any other comments that will help us match you to a family (personal habits such as going to bed very early, or strong dislikes, fears, interests, refusal to live in a home with a smoker, etc.):



**Form 6: Affiliation Contract**

All applicants are required to 'x' the boxes and sign below indicating they have read and understand the following agreements. Applicants must also answer all the questions found in this section:

     **Financial Responsibility** – I understand it is my responsibility to cover the cost of the entire program.

     **Medical and Repatriation Costs** – I understand that potential medical and repatriation costs are not covered by the program and are the responsibility of the participants. Participants are highly encouraged to check with their current healthcare provider for information, and to purchase travelers insurance as needed.

     **Personal Conduct** - I understand that I am a representative of my university, of the National Council, of the Arab-American Language Institute in Morocco, and of my country at all times and in all public places. I agree to abide by the laws of the United States, the Kingdom of Morocco, and any state where I may be domiciled or present. I agree to accept and abide by the rules and standards of the AALIM Center and to conduct myself professionally and to the standards of internationally accepted personal behavior at all times. I further understand that my failure to meet these laws, rules, and standards may result in me being expelled from the program.

1. Have you ever been found responsible for a disciplinary violation at any school you have attended, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal or expulsion from the institution?

     YES      NO

2. Have you ever been convicted of a felony?

     YES      NO

*If you answered yes to either or both questions, please attach a separate document(s) that gives the approximate date of each incident and explains the circumstances.*

STUDENT'S NAME (print): \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

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



**Form 7: Certification**

I certify that the information included in this application is true and complete. I acknowledge that withholding or misrepresenting information may disqualify me from NCUSAR and AALIM's programs. I have read and understand the expectations outlined in all sections and forms above.

Note: Your signature on this application indicates that if accepted, you agree to follow the NCUSAR/AALIM rules and guidelines during the language program you attend. A complete list of guidelines is included in the acceptance package.

STUDENT'S NAME (print): \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE (if student is under 21): \_\_\_\_\_

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



**National Council on U.S.-Arab Relations**

1730 M St., NW, Suite 503, Washington, DC 20036  
Phone: 1-202-293-6466 | Fax: 1-202-293-7770  
www.ncusar.org



**Arab-American Language  
Institute in Morocco**

Meknes, Morocco  
www.aalimorocco.com

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**COMPLETED PROGRAM APPLICATIONS SHOULD BE RECEIVED  
(not postmarked) BY APRIL 10, 2016.**

**SEND APPLICATIONS TO:**

*National Council on U.S.-Arab Relations  
ATTN: AALIM Program  
1730 M Street, NW, Suite 503  
Washington, DC 20036*

*If you have any questions please call the National Council on U.S.-Arab Relations at **(202) 293-6466**  
or email Ms. Kaylee Boalt, Director of Student Programs, at [kaylee@ncusar.org](mailto:kaylee@ncusar.org)*