



Summer Intensive Language Program in Morocco June 4-July 13 or June 4-July 27, 2018

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 2018, is pleased to announce its Summer Language Program in the Kingdom of Morocco. Students will spend **six to eight weeks** in historic Meknes, Morocco taking part in intensive Arabic language instruction. Students at **all** levels of Arabic proficiency, including complete beginners, 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 per week of Moroccan *Darija* dialect classes 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 for the six week program and \$4,572.00 for the eight week program. This special price is thanks to support from NCUSAR. The fee includes the following:

1. Facilities and Student Support: Classrooms equipped with plasma televisions and internet; 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 non-alcoholic beverages with music; full use of the AALIM Center public spaces during opening hours 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 scheduled office 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 another significant destination, or such as Azrou, Asila, Chefchaouen 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 double-occupancy at AALIM's discretion in order to provide the best possible educational setting and to comply with US State Department and American Embassy security guidelines. Requests for single-occupancy rooms will be considered based on availability; there is an extra fee for single rooms if they are available.

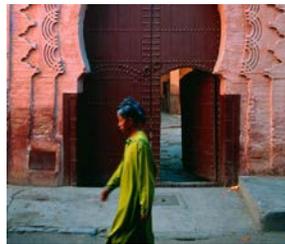
4. Optional Upgrades: Classes in Moroccan dialect Arabic (*Darija*) for three (3) hours per week during either the six or eight week program for an additional \$180.00 (minimum class size and previous Arabic experience of 1 year required).

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 at AALIM's discretion. **Applications are due April 10, 2018. Payment is due May 5, 2018.**

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. 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 (photo) and signature pages. All program participants must hold a current U.S. Passport which does not expire before January 2019. Americans staying in Morocco for less than 90 days are not required to obtain a visa.

4) The following completed forms make up 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."

If accepted, payment is due before the end of May 5, 2018.

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, 2018** via mail to:

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



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

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 #



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 emily@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):

Name (Anne Marie Skye, AALIM Center Director)

Address

(3, Sekhayat Hmadcha, Ferrane Nouala, Meknes, Morocco 50000) -- (NOTE: please consult AALIM if you need to receive mail or packages for advice on the best course to follow.)

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

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



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: _____



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 medical 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. Any questions should be addressed to your physician or travel nurse.



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): _____

NOTE This form must be notarized.



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. Since “walking distance” varies from person to person, your home-stay may not be within your defined 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. For security reasons, you must reside with your assigned family and keep them apprised of your whereabouts when not at home. Any difficulties with your host family situation should be brought to AALIM administration’s immediate attention.

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: NCUSAR _____
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, please give details.
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: _____



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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: _____



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**COMPLETED PROGRAM APPLICATIONS SHOULD BE RECEIVED
(not postmarked) BY APRIL 10, 2018.**

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. Emily Bless, Student Programs Coordinator, at emily@ncusar.org*