

# Application – IPDS Colombia: Teacher Exchange

## SUNY Buffalo State School of Education

### Program Description

The **IPDS Colombia: Teacher Exchange** program is a travel and service learning experience for active teachers of WNY to travel to Medellín, Colombia for 1 week during the February school break. **IPDS Colombia** is open to all currently teaching WNY teachers and school administrators. Eligible applicants will be invited to a planning meeting in November.

Professional Development program components include:

- visit local public and private schools in Colombia
- learn about bilingual education in Colombia
- attend education conference with Colombian teachers
- live with host teachers from the Columbus School
- explore the history & culture of Colombia and Medellín
- meet with Colombian teachers during their fall semester visit to Buffalo (prior to travel)
- connect with program leaders (3-5 meetings) in the fall and winter for pre-travel planning

### Application Submission & Process

Mail, email, fax or drop off completed form to:  
Tamara Horstman-Riphahn ♦ School of Education  
1300 Elmwood Avenue ♦ Bacon 306 ♦ Buffalo, NY 14222  
Phone (716) 878-3008 ♦ Fax (716) 878-5301  
Email [horstmath@buffalostate.edu](mailto:horstmath@buffalostate.edu)

Application deadline: October 21, 2019

### Personal Information

Name \_\_\_\_\_  
last

\_\_\_\_\_ first \_\_\_\_\_ middle

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
mm/dd/yyyy

Mailing Address \_\_\_\_\_  
street

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Email \_\_\_\_\_

Phone \_\_\_\_\_

### Employment Information

School \_\_\_\_\_

Grade/Subjects \_\_\_\_\_

### Passport Information

**\* Do not complete this section unless you have already obtained a passport. Be sure to reference your passport for accuracy.**

Legal Name \_\_\_\_\_

\_\_\_\_\_ **EXACTLY** as it appears on your passport, including middle names and suffixes (e.g. Jr.)

Passport # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

### Travel & Homestay Information

Languages spoken (other than English) \_\_\_\_\_

Particular dietary practices or needs \_\_\_\_\_

Allergies, Chronic Ailments, Health Concerns \_\_\_\_\_

Are you allergic to animals?  Yes  No

Are you able to stay in a home that has pets?  Yes  No

Can you tolerate smoking?  Yes  No

### Emergency Contact

Name \_\_\_\_\_  
last

\_\_\_\_\_ first

Relationship to You \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_