



Nutrition Abroad 4 Nutrition Students

(E-mail completed application to na4ns@outlook.com or submit online)

Application Information

Demographics

Name: _____ Date: _____

Preferred Name: _____ Preferred Pronouns: _____

Birthdate: _____ Age: _____ Ethnicity: _____

Gender at Birth: _____ Gender Identity: _____

Country of Birth: _____ Citizenship: _____

Religious Affiliation (if any): _____

Current Address: _____

Permanent Address: _____

Phone #: _____ E-mail Address: _____

Preferred method of contact: Phone Call Text Message E-mail

Emergency Contacts

Primary:

Name: _____ Relationship: _____

Phone #: _____ E-mail address: _____

Secondary:

Name: _____ Relationship: _____

Phone #: _____ E-mail address: _____

Primary contact will be provided with na4ns website address and encouraged to review all policies.

Health Insurance, Name of Provider: _____

Policy #: _____ Phone #: _____

Financial Aid

Are you currently receiving financial aid? Yes No



Application Information (page 2)

Educational Institution/Professional Recommendation

Highest Degree Obtained: _____

Name of Education Institution: _____

Address of College/University: _____

Department Director: _____

Phone #: _____ E-mail: _____

Name of Person for Professional Recommendation: _____

Phone #: _____ E-mail: _____

They will be e-mailed an evaluation form. Signature below includes permission to contact.

Community Program Selection 2025 (2-week rotations)

_____ May 19th -30th

_____ August 4th – 15th

Program	Deposit Non-Refundable After	Total Balance Due
May 19th – 30th, 2025	January 19 th , 2025	February 19 th , 2025
August 4th – 15th, 2025	April 4 th , 2025	May 4 th , 2025

Registration and deposits submitted 4-6 months prior to arrival date will be eligible for a \$250.00 refund/discount.

Referral Program

Who referred you to this program? _____

Email address of referee: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance, I understand that false or misleading information in my application and/or interview may result in my release.

Signature: _____ Date: _____



Applicant Checklist

Must be received by non-refundable deposit date

- **Application** (Turn in as early as possible to hold a spot)
- **Registration & Processing Fee (\$500.00)** (Turn in as early as possible to hold a spot)
- College Transcripts
- Proof of Identification: Passport, Driver's License, ID Card
- 250–500-word essay on why you are interested in this program and what you hope to gain by attending.

Applicant Checklist for Full Program Acceptance for In-Person Barbados Programs

Must be submitted/completed by final payment due date.

Required Documents

- Criminal Record Check (Local Police Check).
Go to your local police office department (in whatever city you have lived in the past 6 months to a year) and request they complete a Local Police Check and provide you with the documentation it was completed. This is not an FBI background check that requires your fingerprints. It is only a criminal check your local police department will complete by searching their database to see if you have any criminal record on file. They must provide you with a letter stating the results of the search.
Informational Link: [Criminal Record Checks \(state.gov\)](#)
- Travel Insurance
- Instructor/Preceptor/Employer Evaluation
- Health Questionnaire and Food Check List
- Applicants may be asked to complete an interview.