



Legacy  
of Healing

**“The best way to find  
yourself is to lose yourself  
in the service of others.”**

**-Mahatma Ghandi**

**College Student Application – PLEASE COMPLETE & SUBMIT ELECTRONICALLY**

**Applicant Information**

Date of Birth: \_\_\_\_\_

Full Name:

\_\_\_\_\_

\_\_\_\_\_

*Last Name*

*First Name.*

Address:

\_\_\_\_\_

*Street Address*

*Apartment/Unit #*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Phone:

Email

\_\_\_\_\_

***Legacy of Healing Statement of Purpose:***

College Students are required to submit a one-page, double-spaced statement of purpose as part of their application. The student should explain why he or she believes that they would be an asset to the Legacy team and why a mission trip would be beneficial to their development.

The applicant should explain why they are interested in service and highlight any previous volunteer or humanitarian work. Students are strongly encouraged to focus on how a mission trip, with an emphasis on their desired position(s), would help them fulfill their professional and educational goals.

Are you a citizen of the United States? YES  NO  Do you have a passport that will be valid during the mission trip you are applying for? YES  NO

Are you a college student or will you be a college student by the time of the desired mission trip? YES  NO  Are you interested in applying for a Legacy scholarship? YES  NO

Do you speak any foreign languages? YES  NO  If yes, what languages and level of fluency? \_\_\_\_\_

Have you ever worked on a mission trip? YES  NO  If yes, when/where did you go and what did you do? \_\_\_\_\_

Are you interested in pursuing a career in medicine, dentistry, nursing, healthcare administration, non-profit administration or humanitarian aid? YES  NO  If yes, which of these career paths are you most interested in pursuing? \_\_\_\_\_

Will you need any special accommodations due to physical limitations? YES  NO  If yes, what limitations are involved? \_\_\_\_\_

Do you have any dietary restrictions? YES  NO  If yes, what restrictions are involved? \_\_\_\_\_

Do you have any specialized expertise in art, music, presentations, childcare or other skills? YES  NO  If yes, what specialized expertise? \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  GPA: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

***Legacy of Healing Reference:***

College students are required to submit two references as part of their application. Ideally, one reference should be an employer and the other reference should be a professor or other academic professional. The reference should be a double-spaced one-half page to one-page attestation of the applicant’s character, work ethic, conscientiousness, reliability and ambition.

All letters should be emailed directly from the reference to [Gary@LegacyofHealing.org](mailto:Gary@LegacyofHealing.org) Letters sent from the applicant will not be accepted.

***Please list your two professional references.***

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Is this employer one of your references? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Is this employer one of your references? YES  NO

**Disclaimer and Signature**

*I would like to go on this mission trip. If accepted, I pledge to participate with the entire group and work in a cooperative team spirit. I pledge to maintain a positive attitude to the rigors of travel and work.*

*I give my consent that photographs interviews and audio/video recordings during the course of the mission trip may be used by LEGACY OF HEALING for training, promotion and fundraising.*

*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 or will result in a rejection.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_