



Changing Lives One Smile at a Time

Operation Smile Student Programs
College Mission Program Application

Date

Last Name First Name Date of Birth

Mailing Address: street, city, state, and zip code

Daytime Phone Mobile phone E-mail address

If different from above, please give your permanent home address:

Street, city, state, and zip code

University Name Graduation year

University Address: street, city, state, and zip code

Languages and level of reading/speaking proficiency

International travel and experience: location and dates

Operation Smile Fundraising and Awareness Involvement (if additional room is needed, please attach sheet)

Table with 5 columns: Dates, Event, Time Dedicated, Funds Raised. Rows 1-8.

Participant Name

Application Guidelines:

Please attach the following to your application:

A. One Essay that answers the following questions:

- 1) What have you done to demonstrate your interest in and commitment to Operation Smile and humanitarian work? What have you learned from your participation with Operation Smile?
- 2) Why do you want to participate in College Program Mission?
- 3) What personal qualities do you possess that will make you a good team member?

B. One letter of recommendation to be filled out by a non-relative.

Cost:

The College Student Mission Program asks that each student contribute monetarily to his/her mission experience. This contribution will aid in airfare, lodging, and other miscellaneous expenses. The cost for each mission varies by country.

Please send a copy of the completed application, essay, and one letter of recommendation to:

Mail: Christabelle Fernandez
College Program
Operation Smile
6435 Tidewater Dr.
Norfolk, VA 23509

E-mail: cfernandez@operationsmile.org

Fax: 757-321-7660
Attn: Christabelle Fernandez

Participant Name

Post-Mission Requirements:

As ambassadors for Operation Smile, participants chosen for the College Mission Program will be responsible for raising awareness about Operation Smile. Upon returning to the U.S., participants are required to present a minimum of 5 post-mission presentations to local civic organizations and schools. Sustained communication with Operation Smile's headquarters is expected of all participants.

____ **I will be able to fulfill the post-mission requirements as stated above.**

Participant's Signature

Date

FOR OPERATION SMILE HEADQUARTERS USE ONLY

Received on: __/__/__

Application Resume Essay

Received on: __/__/__

Contribution

Selected to Attend Program: Yes No

If No, Reason:
