



BAEF GAP FELLOWS PROGRAM
APPLICATION FORM

Please print this page, complete and return to:

Laurel Zimmermann, Director
British American Educational Foundation
520 Summit Avenue
Oradell, NJ 07649

Full Name of Applicant _____ Date of Birth _____

Permanent Home Address: Street _____ City _____ State _____ Zip Code _____

Home Telephone _____ Mobile _____ E-Mail Address _____

Name of School _____ Expected Graduation Date _____

School Address (if boarding): Street _____ City _____ State _____ Zip Code _____

Telephone _____ E-Mail Address _____

Guidance Counselor/College Advisor _____ Telephone _____ E-Mail Address _____

Please indicate the approximate dates you wish to participate in the Gap Fellows Program in Britain:

Father's Name _____ Title/Occupation _____ Company _____

Business Address _____

Business Telephone (or Mobile) _____ Name of College or University Attended (if any) _____

Mother's Name _____ Title/Occupation _____ Company _____

Business Address _____

Business Telephone (or Mobile) _____ Name of College or University Attended (if any) _____

Please enclose:

- a letter which indicates your interest in being a fellow
- a résumé of your activities
- a check for the \$250 application fee

Please arrange to have your counselor send directly to the BAEF:

- a copy of your school transcript
- two confidential recommendations (such as that used for college applications)