Student Application

Please fax or mail application form to:

Living Waters for the World
318 Seaboard Lane, Suite 205
Franklin, TN 37067
615-261-4008
615-261-4010 (fax)
info@livingwatersfortheworld.org

Name (preferred) _____ Daytime Phone _____

Gender (circle one) Male or Female Cell Phone _____

Address _____ E-mail _____

City, State _____ Zip _____

Church Name _____ Church Phone _____

Clean Water U is a four-day program. Three courses are offered, covering the key steps of a Living Waters for the World clean water partnership. Please indicate your CWU course of interest.

CWU 101	☐	Learn the fundamentals of field survey, water testing, and partnership development.
CWU 102	☐	Learn the health, hygiene and spiritual curriculum, teach other course participants, and finally become capable to lead the training for in-country instructors.
CWU 103	☐	Build a fully functioning clean water system from the ground up, culminating in the production of potable water

Note: Mission groups should ensure that all courses are covered, preferably one to two persons per course (not to exceed six total).

Please indicate session date of interest:

Oct. 17-21, 2007 ☐ March 5-9, 2008 ☐ April 30-May 4, 2008 ☐

April 9-13, 2008 ☐

Note: Clean Water U fee is **$550/person unless part of our package price plan.** A **$200 deposit is required** and should be included with this application. Reservations will not be held unless deposit is received. Please make check payable to Living Waters for the World.

Is this reservation part of a package price plan? Yes or No

Preference will be given to applicants with existing mission relationships with known water purification needs. If we can not accommodate you, you will be notified and your deposit will be returned. Once confirmed, you will receive further information regarding schedule, transportation and lodging information, packing list, etc.

Planned location of water system installation: _____

Planned timeframe for first installation: _____

Describe mission activities conducted to date: _____

Dietary/Special needs: _____ Scholarship form requested: ☐

Please retain a copy of this application for your records.