Please SAVE this BLANK form to your computer before completing this document.



Program for which applying: IFYE Representative (19 years and over):

6 month	s	3 months	2 m	nonths	
Upon completing th etc.) Please print/ty					
PERSONAL DATA: Are you a USA Citizen?	YES	NO			
Full Name: (First)	(Middle) (La	<i>//</i> ·	(M/F): your government ID)		
Preferred First Name:		Age:	Birthdate:		
Permanent Address: Street: City/State: Area Code/Phone: Cell: Email address:	Zip:	Street: City/State: Area Code/F	l dress: (<i>If different)</i> Phone: this address:) Zip: Month/Day/Year	
Emergency Contact: Phones: (H)	(C)	Relat	ionship: (W)		
Family: Father's Name: Occupation: Street: City/State: Phones: (H) (C) (W) Email address:	Zip:	Mother's Nam Occupation: Street: City/State: Phones: (H) (C) (W) Email address		Zip:	
Siblings: Number of Brothers: Number of Sisters:	Age(s) of Bro Age(s) of Sist				

HOST FAMILY INFORMATION: Has your family hosted an internationalparticipant?YESNO

Country	Name of Program	Year

EDUCATION: Indicate the highest year you will have completed by the date you will be available for participation.

Secondary: List highest grade completed

Date of completion (mm/yyyy)

Post-Secondary:

Name of School	Last Date attended	Degree(s) Received	Date(s) Received

WORK EXPERIENCE: Currently working? BRIEFLY Explain

LANGUAGE ABILITY:

Other than English) Please indicate: Excellent - Good - Fair - Poor - None

Language	Reading	Writing	Speaking	Comprehension	Years Study	Spoken at Home

Are you willing to study a language?

YES

NO

Country(ies)	Length of Stay	Dates	Purpose (tourist, exchange student, other)

TRAVEL EXPERIENCE OUTSIDE THE USA

LIST other international activities in which you and your family have been involved (i.e. Cultural activities or host family experiences.)

List interests/experiences in areas such as: agriculture, agribusiness, water quality, ecology, forestry, and/or life and consumer science areas, etc. Explain the areas in which you have been involved, the extent and years of involvement.

LEADERSHIP & RELATED EXPERIENCES:

(include your experiences in 4-H, church, school, university, other)

Organization	Years of Membership	Leadership/Other Responsibilities

What are your long-range goals?

LEISURE INTERESTS: (List)

SPECIAL STUDY INTEREST: While abroad, you should continue to focus on your career interests, in addition to the cultural aspects of the exchange. Please describe your interest(s) (e.g., agriculture, economics, politics, environment, nutrition) – giving specific details.

SMOKING/VAPING: Do you use tobacco/vaping in any form? If yes, please explain:	YES	NO
Can you be placed with a smoking family?	YES	NO
DIETARY RESTRICTIONS/ALLERGIES: Do you have any dietary restrictions or other allergies? If yes, please list/explain.	YES	NO

RELIGION: (For information of host. If Protestant, give denomination.)

GENERAL INFORMATION:

Other information helpful in your placement with a program (Include special interests or medical considerations.)

COUNTRY PREFERENCES: 2020 Host Country Partners are:

<u>I wo-month program: June</u>	<u>22-August 17, 2020. 1n</u>	<u>ree-month program: Jui</u>	<u>ne 22 - September 10, 2020</u>
Austria	Germa	any	South Korea
England & Wales	Luxer	nbourg	Sweden
Estonia	Norwa	ay	Switzerland
Finland	Polane	d	Taiwan
	Slover	nia	
(Three-month program: S	eptember 20 - December	10, 2020)	
	1	, ,	
Argentina	India	Thailand	Uruguay

(Two-month program: June 22-August 17, 2020. Three-month program: June 22 - September 10, 2020

NOTE: Applicants wishing to complete a two- or three-month program will live in one	
heat assure a main and a sining to a second to a size month and around will live in true heat	

host country. Applicants desiring to complete a six-month program will live in two host countries (one in the summer choices and one in the fall choices). Changes in hosting timelines may be subject to change.

Please list a MAXIMUM of 6 choices indicated above – listing by number 1-6 with your first preference as number 1.

CHOICE	COUNTRY	CHOICE	COUNTRY
1		4	
2		5	
3		6	

NOTE: Final placement will be determined with input from the IFYE applicant, the IFYE National Program Director, and the Host Country Coordinator.

Earliest date you can depart. (If after mid-June, please explain reason):

2020 PROGRAM FEE: \$3,000

- A \$100 application non-refundable fee is required at the time of submission of application documents.
- The \$2,900 program fee balance of payment method to be discussed individually with the National Program Director upon submission of application.
- Scholarships may be available through your state. Please check with National Program Director, Alan Lambert (alanelambert@ifyeusa.org) for this availability.

2020 PROGRAM DATES:	Two Month	Three Month	Six Month
National Orientation	June 18-22	June 18-22	June 18-22
Country Program(s)	June 22-August 17	June 22-Sept. 10	June 22-Dec. 10
		OR	
		Sept. 20 – Dec. 10	
National De-Briefing	September 10-13	Sept. 10-13	Dec. 10-13

How did you learn about IFYE Exchange Program? (Check all that apply.)

Former Participant	National 4-H Congress
Cooperative Extension	Print Media (Please Specify)
Young Farmers and Ranchers	
MANNRS	Social Media (Please Specify)
FFA	
AFA Leaders (Agriculture Future America)	Other (Please Specify)
University	

I CERTIFY that all information on this application is true and complete to the best of my knowledge. I understand the purposes and objectives of the IFYE program and agree to participate within the framework of the program for which I am accepted.

NOTE: If submitting electronically, a typed signature will be acceptable.

Applicant's Signature

Date

UPON COMPLETION, PLEASE SAVE IT TO YOUR COMPUTER. UPLOAD THE COMPLETED APPLICATION to C-1 at https://ifyeusa.org/foreign-exchange-program/become-participant.html