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



NOTE: Upon acceptance of this IFYE-USB application, Alan Lambert, IFYE National Program Director, <u>(alanelambert@ifyeusa.org</u>) will contact you with further details.

Dates for Program for which applying: June 16 - September 12, 2022

Upon completing and saving this application, submit with all other requested items (photo, references, résumé, etc.) Please print/type. If more space is needed, create a supplemental document to continue and submit.

Please list the contact information of the representative from your state soybean organization who has recommended you for
this 2022 IFYE-USB program.Name of Soybean RepresentativeArea Code/Phone

PERSONAL DATA: Are you a USA Citizen? Full Name:	YES		NO		Sex (M/F):	
(First)	(Middle)	(Last)	(As it appears on y	our government ID)		
Preferred First Name:			Age:	Birthdate:		
Permanent Address: Street: City/State: Area Code/Phone: Cell: Email address:	Zip:		Street: City/State: Area Code/Ph	lress: <i>(If different)</i> none: his address (mm/dd/)	Zip: yyyy):	
Emergency Contact: Phones: (H)	(C)		Relatio	Relationship: (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) o Age(s) o					

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Outbound

Revised January 08, 2021 Last Reviewed June 22, 2021 Last Revised June 22, 2021

HOST FAMILY INFORMATION: Has your family hosted an international participant? YES NO

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: 2022 Asian and European Host Country Partners will be listed at a later date.

NOTE: Final placement will be determined with input from the IFYE applicant, the IFYE National Program Director, a representative from your state soybean association, the United Soybean Board, and the Host Country Coordinator.

2022 PROGRAM FEE: \$3,000

• The \$3,000 program fee will be paid as part of the United Soybean Board grant to IFYE to implement this leadership development experience.

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 (mm/dd/yyyy)

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