

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

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|  | <p style="text-align: center;">USA IFYE APPLICATION</p> <p style="text-align: center;"><i>For further information, see https://ifyeusa.org and click on Foreign Exchange Program.</i></p> | <p><i>NOTE: Upon acceptance of this IFYE participant application, Alan Lambert, National Program Director, (alanelambert@ifyeusa.org) will contact you with further details and a request for further information.</i></p> |
|---|--|--|

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

6 months

3 months

2 months

Upon completing 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.

PERSONAL DATA:

Are you a USA Citizen? YES NO

Full Name:

Sex (M/F):

(First)

(Middle)

(Last)

(As it appears on your government ID)

Preferred First Name:

Age:

Birthdate:

Permanent Address:

Street:

City/State:

Zip:

Area Code/Phone:

Cell:

Email address:

Current Address: (If different)

Street:

City/State:

Zip:

Area Code/Phone:

Last date at this address:

Month/Day/Year

Emergency Contact:

Phones: (H)

(C)

Relationship:

(W)

Family:

Father's Name:

Occupation:

Street:

City/State:

Zip:

Phones: (H)

(C)

(W)

Email address:

Mother's Name:

Occupation:

Street:

City/State:

Zip:

Phones: (H)

(C)

(W)

Email address:

Siblings:

Number of Brothers:

Age(s) of Brother(s):

Number of Sisters:

Age(s) of Sister(s) .

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

| Country | Name of Program | Year |
|---------|-----------------|------|
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| | | |
| | | |

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

TRAVEL EXPERIENCE OUTSIDE THE USA

| Country(ies) | Length of Stay | Dates | Purpose (<i>tourist, exchange student, other</i>) |
|--------------|----------------|-------|---|
| | | | |
| | | | |
| | | | |
| | | | |

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 |
|--------------|---------------------|-----------------------------------|
| | | |
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| | | |
| | | |
| | | |

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?

YES

NO

If yes, please explain:

Can you be placed with a smoking family?

YES

NO

DIETARY RESTRICTIONS/ALLERGIES:

Do you have any dietary restrictions or other allergies?

YES

NO

If yes, please list/explain.

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: 2021 Host Country Partners are:

(Two-month program: June 17 - August 16, 2021. Three-month program: June 17 - September 10, 2021)

| | | |
|-----------------|------------|-------------|
| Austria | Germany | South Korea |
| England & Wales | Luxembourg | Sweden |
| Estonia | Norway | Switzerland |
| Finland | Poland | Taiwan |
| | Slovenia | |

(Three-month program: September 20 - December 09, 2021)

India

Thailand

NOTE: Applicants wishing to complete a two- or three-month program will live in one 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):*

2021 PROGRAM FEE: \$3,000

- The \$3,000 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.

2021 PROGRAM DATES:

| | Two Month | Three Month | Six Month |
|----------------------|-------------------|--|-----------------|
| National Orientation | June 17-21 | June 17-21 | June 17-21 |
| Country Program(s) | June 22-August 16 | June 22-Sept. 10 Sept. 20 – Dec. 09 | June 22-Dec. 09 |
| National De-Briefing | September 10-13 | Sept. 10-13 | Dec. 09-12 |
| National De-Briefing | | Dec. 09-12 | |

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>