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USA IFYE-United Soybean Board APPLICATION

For further information, see
<https://ifyeusa.org> and click on
Foreign Exchange Program.



NOTE: Upon acceptance of this IFYE-USB application, Melissa Haberstroh, IFYE National Program Director, (mhaberstroh@ifyeusa.org) will contact you with further details.

Program Dates: June 14 - September 10, 2023

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 2023 IFYE-USB program. Name of Soybean Representative Area Code/Phone

PERSONAL DATA:

Are you a USA Citizen?

YES

NO

Full Name:

(M/F):

(As it appears on your government ID (First)

(Middle)

(Last)

Preferred First Name:

Age:

Birthdate:

Permanent Address:

Street:

Current Address: (If different)

Street:

City/State:

Zip:

City/State:

Zip:

Area Code/Phone:

Area Code/Phone:

Cell:

Last date at this address (mm/dd/yyyy):

Email address:

Emergency Contact:

Relationship:

Phones: (H)

(C)

(W)

Family:

Father's Name:

Mother's Name:

Occupation:

Occupation:

Street:

Street:

City/State:

Zip:

City/State:

Zip:

Phones: (H)

Phones: (H)

(C)

(C)

(W)

(W)

Email address:

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

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

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
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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: 2023 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.

2023 PROGRAM FEE:

- The 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 B-1 at

<https://ifyeusa.org/foreign-exchange-program/become-participant.html>