

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

	<p style="text-align: center;"><b>IFYE USA APPLICATION</b></p> <p style="text-align: center;"><i>For further information, see <a href="https://ifyeusa.org">https://ifyeusa.org</a> and click on Foreign Exchange Program.</i></p>	<p><i>NOTE: Upon acceptance of this IFYE participant application, Alan Lambert, National Program Director, (<a href="mailto:alanelambert@ifyeusa.org">alanelambert@ifyeusa.org</a>) will contact you with further details.</i></p>
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**Program for which applying:** IFYE Representative (19 years and over):

2 months

3 months

6 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:

(First)

(Middle)

(Last)

(As it appears on your government ID)

Sex (M/F):

**Preferred First Name:**

**Age:**

**Birthdate:**

**Permanent Address:**

Street:

City/State:

Area Code/Phone:

Cell:

Email address:

Zip:

**Current Address: (If different)**

Street:

City/State:

Area Code/Phone:

Last date at this address:

Zip:

*Month/Day/Year*

**Emergency Contact:**

**Phones: (H)**

**(C)**

**Relationship:**

**(W)**

**Family:**

Father's Name:

Occupation:

Street:

City/State:

Phones: (H)

(C)

(W)

Email address:

Zip:

Mother's Name:

Occupation:

Street:

City/State:

Phones: (H)

(C)

(W)

Email address:

Zip:

**Siblings:**

Number of Brothers:

Number of Sisters:

Age(s) of Brother(s):

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

**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:** 2022 Host Country Partners are subject to change:

Two-month program: June 16 - August 15, 2022. Three-month program: June 16 - September 12, 2022

Austria	Latvia	South Korea
England & Wales	Luxembourg	Sweden
Estonia	Norway	Switzerland
Finland	Slovenia	Taiwan

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Three-month program: September 22 - December 11, 2022

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Argentina	India	Germany	Thailand
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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):*

**2022 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.

<b>2022 PROGRAM DATES:</b>	<b>Two Month</b>	<b>Three Month</b>	<b>Six Month</b>
National Orientation	June 16-19	June 16-19	June 16-19
Country Program(s)	June 22-August 15	June 22-Sept. 12	June 22-Dec.09
Country Program(s) Fall		Sept. 22-Dec. 08	
National De-Briefing	Sept. 12-15	Sept. 12-15	Dec. 08-11
National De-Briefing (Fall)		Dec. 08-11	

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.*

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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>**