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



USA IFYE APPLICATION

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

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.

Program for which ap	plying: IFYE Repr	esentative (19 years a	and over):	
6 months	s	3 months	2 mc	onths
				photo, references, résumé, ent to continue and submit.
PERSONAL DATA: Are you a USA Citizen?	YES	NO		
Full Name: (First)	(Middle) (Las.	Sex (M/I (As it appears on your		
Preferred First Name:		Age: I	Birthdate:	
Permanent Address: Street: City/State: Area Code/Phone: Cell: Email address:	Zip:	Current Address Street: City/State: Area Code/Phon Last date at this	e:	Zip: Month/Day/Year
Emergency Contact: Phones: (H)	(C)	Relations	hip: (W)	
Family: Father's Name: Occupation: Street: City/State: Phones: (H)	Zip:	Mother's Name: Occupation: Street: City/State: Phones: (H) (C) (W) Email address:		Zip:
Siblings: Number of Brothers:	Age(s) of Brotl	ner(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 (tourist, exchange student, other)

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	Leadership/Other Responsibilities
	Membership	

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:

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(Iwo-month program:	June 1/-August 16.	2021. Three-month program:	June 17 - September 10, 2021

Austria	Germany	Slovenia
England & Wales	Luxembourg	Sweden
Estonia	Poland	Switzerland

Finland

	(Three-month program:	September 20 -	December 09.	. 2021
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""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	June 22-Dec.09
Country Program(s) Fall		Sept. 20-Dec. 09	
National De-Briefing	September 10-13	Sept. 10-13	Dec. 09-12
National De-Briefing (Fall)		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