



WUC'HI G'RCTVIEKRCPV''

IPWICN'CRRNECVKQP

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

NOTE: Upon acceptance of this IFYE participant initial form, Alan Lambert - National Program Director (alanelambert@ifyeusa.org) will contact you with further details and a request for further information.

This INITIAL application consists of three parts: a 2-page application form, photo, and additionally a resume (if available). When submitting this initial information, please submit online with all available items attached. Thank you.

Rt qi t co 'hqt'y j lej 'crrrl lpi <' IFYE Representative: 6 months 3 months

RGTUQP CN''F CVC<

Are you a USA Citizen? YES NO

Full Name: Gender (M/F):

(First) (Middle) (Last)

Rt ghgt tgf 'Hktw'Pco g<'

Age: **Dkt vj f cvg<**

Month/Day/Year

Rgt o cpgpv' Cf f t gu<'

Ewt tgpv' Cf f t gu<' (If different)

Street:

Street:

City/State: Zip

City/State: Zip

Area Code/Home Phone:

Area Code/Phone:

Area Code/Cell Phone:

Last date at this address:

Fax: (if applicable):

Month/Day/Year

Email address:

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Tgr vlpuj kr <'

Rj qpgu<' *J +'

***E+'**

" *Y +

GF WE CVKQP: Indicate the highest level of education you will have completed by the date you will be available for participation.

Ugeqpf ct { <' List highest grade completed and date of completion (Month/Year)

Rquv/Ugeqpf ct { :

Pco g' qh' Uej qqn	Ncuw' F cvg' t wgp f gf	F gi t gg* u' T gegk x gf	F cvg* u' T gegk x gf

"

Y qt mlgr gt lqpeg< 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 U.S.:

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

List other international activities in which you have been involved (i.e. Cultural activities or host family experiences).

LEADERSHIP & RELATED EXPERIENCES: *(Include your experiences in 4-H, church, school, university, FFA, other.)*

Organization	Years of Membership	Leadership/Other Responsibilities

PROGRAM FEE: \$3,000

- After completing this initial application, submit \$50 of the \$150 non-refundable application fee at the IFYE [Website program fee area](#): The remaining application fee is due upon completing Part Two of the application. The National Program Director will discuss the remaining fee payment structure with each applicant. All fees for the IFYE program are non-refundable.
- Scholarships may be available through your state IFYE organization. Please check with National Program Director, Alan Lambert (alanelambert@ifyeusa.org), for this possibility and/or GoFundMe opportunities.

I CERTIFY that:

- all information on this initial application is true and complete to the best of my knowledge.
- I have read and understood the [IFYE National Standards](#) as described on the IFYE website.
- I am/will be 19 years of age or older at the time of departure from the USA for the IFYE program.

Applicant's Signature

Date

NOTE: If submitting electronically, a typed signature will be acceptable.

(Month/Day/Year)