





STUDENT PARTICIPANT YOUTH AMBASSADORS PROGRAM - 2018 CYCLE

INBOUND APPLICATION SAMPLE

Background

Youth Ambassadors is a three-week exchange for high school students (age 15-18) and adult educators focused on civic education, community service, and youth leadership development. Additionally, students live with U.S. host families for a portion of the exchange, which is a truly formative experience in cultural immersion and language acquisition. Upon return to their home, students are required to complete a community service project with the support of their mentors and fellow Youth Ambassadors. This program is fully funded by the US government.

Eligibility Requirements

- ➤ 15 to 18 years old at the start of the exchange
- Be citizens of the country they are representing on the exchange;
- Have at least one semester of school remaining after program participation
- Demonstrate leadership aptitude and an interest in community service and in the program theme
- Exhibit flexibility, maturity, integrity, good social skills, and open-mindedness
- ➤ Have the motivation necessary to be active and successful exchange participants
- ➤ Be in an intermediate level of English

2018 STUDENT APPLICATION FORM

This is a **SAMPLE APPLICATION** for the 2018 Youth Ambassadors Program.

Application periods vary by country and program and can be viewed at youthambassadors.worldlearning.org.

Please carefully read this application form before beginning your online application. You must <u>answer all the questions and submit all the required documentation</u> for your application to be considered eligible. If some questions do not apply please write N/A (not applicable).

Complete the application online at:

youthambassadors.worldlearning.org

DOCUMENTS REQUIRED

The following documentation will need uploaded with your online application*:

- 1. One photo of yourself
- 2. Most recent academic record
- 3. Copy of valid passport if possible (it is not mandatory to have a passport to apply to the program)
- 4. Parental consent form
- 5. Letter of Recommendation #1
- 6. Letter of Recommendation #2

Letter #1 should be from a teacher at your school or language institution.

Letter #2 should be from an adult leader at an organization where you have volunteered, or held a position of leadership or active membership for at least one year.

Both recommendations should be by an adult who is not related to you. The adult should know you well enough to talk about your leadership abilities, character, and ability to handle situations under pressure.

Please make sure that your recommender includes your full name in your letter of recommendation and utilizes the Youth Ambassadors provided form.

Recommendations may be completed in your home country's official language or in English.



Please attach your picture here

BACKGROUND INFORMATION

First Name		Middle Name	Last Name	
	Suffix F	Preferred Name if not Fi	rst Name	
Government ID Numb This is the unique number assign by the national government (e.g., SSN	ned to you	Gender	Date of Birth (month/day	/year)
Place of Birth (city, state/p	rovince, country	If you have dual	f Citizenship Ethnic C citizenship, please list which you are a citizen)rigin
_			e the full and equal participation	
everybody regardless of gende necessary, reasonable accomm Would you require a reasonabl	r, race, sexual productions to ens	reference, disability or c ure that our programs a on, as a result of a physi	otherwise. It is our policy to make accessible. cal or mental impairment, to element to element to element.	ke
everybody regardless of gende necessary, reasonable accomm Would you require a reasonabl	r, race, sexual productions to ens	reference, disability or c ure that our programs a on, as a result of a physi	otherwise. It is our policy to make accessible. cal or mental impairment, to element to element to element.	ke
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Current address:						
_	(please includ	de street name and number	, postal co	de, city, stat	e/province)	
Mailing address: (if different from current address)						
· <u>-</u>	(please inclu	ude street name and numbe	r, postal co	ode, city, sta	te/province)	
CONTACT INFORM	<u>ATION</u>					
Phone:						
	Home		/lobile/Cell		_	
Email:		Facebook:				
LinkedIn:						
<u>SURVEY</u>						
How did you first he	ear about the excha	ange program? Please be as	specific as	s possible.		
EDUCATIONAL INFO	ORMATION					
Current School Nan	ne:		Туре:	Public	Private	Other
School Address:						
	(please include	street name and number, p	ostal code	, city, state/	province)	
Grade Level (what y	year of schooling yo	ou are currently in):				
Grade Point Averag	ge (promedio):					
_	r most recent acade		No			
Extracurricular and	Volunteer Activities	<u> </u>				

<u>Extracurricular and Volunteer Activities</u> – Please describe any extracurricular activities that you are involved with and what they mean to you. Examples of extracurricular activities are school clubs, sports teams, youth organizations, and community service activities. **Please also include how you have been involved and for how long.**

PARENT/GUARDIAN			
amily: Number of people in your	household	Family & household income per month (please indicate currency type)	
Parent/Guardian 1:			
Firs	t Name	Middle Name	Last Name
Relation to you (check one):	Father Mother	Guardian	
Address:	(please include street	name and number, postal code, city)	
Phone:	Email:		
Employment/occupation:			
Parent/Guardian 2:			
Firs	t Name	Middle Name	Last Name
Relation to you (check one):	Father Mother	Guardian	
Address:	(please include street	name and number, postal code, city)	
Phone:			

Emergency contact:		
First Name	Middle Name	Last Name
Relation to you:	_	
Address:		
(please include stree	et name and number, postal code	, city)
Phone: Email: _		
Did you attach a completed parental consent form?	Yes No	
INTERNATIONAL TRAVEL		
Do you have a valid passport? Yes No		
A passport is not required to submit your application to please apply for your passport immediately upon notigadvised that a passport, valid for 6 months after the program.	fication of your status as a finalist	t or alternate. Please be
If yes, please give the following information:		
Passport Number:	Place of Issue:	
Issuing Country:		day/year)
Please attach a copy of you	ir passport with the application.	
If selected as a semifinalist, are you willing to go to th interview? Yes No	e US Embassy or local Consulate	in your country for an
Have you ever visited or lived in the United States?	Yes No	
If yes, please explain the length and reason for your to	rip.	
Have you ever traveled out of the country?	☐ No	
If yes, please provide a brief description of the dates,	length, and nature of your stay(s)).

LANGUAGE ABILITIES What is your native language? _____ List other languages that you know and the number of years studied (ex. French- 3 years, Arabic- 1 year) How many years of English study have you had? _____ Where did you study? _____ Is English spoken at home? Yes No How would you describe your **spoken** English skills? Poor Fair Good Excellent How would you describe your written English skills? Poor Fair Good Excellent **SHORT ESSAYS** In 400 words or less, please write an essay addressing the following questions. Write your response in clear English and in your own words. Plagiarism will result in the removal of your application from consideration. This means that if your answers are exactly the same as those of another applicant, both people will be disqualified. Why do you want to participate in the exchange program, and what will you contribute if you are chosen? What makes you a good leader? Using two examples, describe how you are a leader in your school, community and/or home. You will be required to do a community service project when you return home. Do you have an idea for a possible project that would positively impact your community?

LONG ESSAYS

Please respond to ALL three essay questions below. Write your answers in clear English and in your own words. Plagiarism will result in the removal of your application from consideration. This means that if your answers are exactly the same as those of another applicant, both people will be disqualified.

1.	How does the Youth Ambassadors Program, as you know it, satisfy your desire for a particular kind of learning, community, and future? Please include some of your own wishes for the future and how they relate to the Youth Ambassadors program.			
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2.	Reflect on a time when you challenged a belief or idea. What encouraged you to act? Would you make the same decision again?

3.	An exciting aspect of these programs is the home stay with a host family who will share their home and time What attributes do you have that would make you a g share with an U.S. family about your life and country?	with participants without compensation.
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	ertify that the information contained in this application edentials, is complete and correct.	, including all attachments and supporting
	Applicant's signature	Date





Letter of Recommendation for the Youth Ambassadors Program #1

Instructions: Recommendations should be made by <u>one (1)</u> teacher at your school or language institution and <u>one (1)</u> from an adult leader at an organization where you have volunteered, or held a position of leadership or active membership for at least on year. These should be from adults who know the applicant and has knowledge of academic, personal and leadership qualities. <u>The recommendations cannot be from a family member or friends.</u>

This recommendation must be typed, or if it is written by hand it must be legible. The recommendations must be submitted with your complete application to be eligible. **LETTERS ARRIVING LATE MAY DISQUALIFY AN APPLICATION.**

Our program contains a special type of educational experience. This applicant will be involved in a three-week exchange program overseas, having direct contact with youth and adults. The applicant will be immersed in an academic environment with challenges and that will require intercultural adjustment and a coexistence as a member of a host family. To be successful, the applicant must have a high degree of motivation and the ability to get used to people of different social and cultural levels. Please be very honest in your evaluation of the applicant to help us determine whether or not this person is able to participate in this type of program. Please indicate, by checking the appropriate spaces, your evaluation of the characteristics of this person. If you wish, you can add comments, if so, please include another page.

To be filled out by the applicant:		
Last Name, First Name (as provided on ye	our application)	
Date of Birth (Month/Day/Year)	Email Address	
To be filled out by the person giving the	reference:	
Full Name	Work/Title	
Relationship to the applicant	Place of Employment	

	Excellent	Good	Normal	Poor	Not Sure
Consideration and respect for others and					
their perspectives					
Good judgment and common sense					
Potential to be a leader					
Ability to follow orders with a good					
attitude					
Initiative					
Sense of responsibility					
Ability to engage with new situations					
Intellectual curiosity and imagination					
Ability to express oneself clearly					
Participation in the community and in					
extra-curricular activities					
Ability to complete and continue projects					
Sense of humor					

ent to new s	situations wi	th a family	from
th other mer	mbers of you	ur travel gro	oup to solve
o participate	in the progr	ram, includi	ing
i	ith other mer	ith other members of you	dent to new situations with a family ith other members of your travel group of participate in the program, including

Signature Name





Letter of Recommendation for the Youth Ambassadors Program #2

Instructions: Recommendations should be made by <u>one (1)</u> teacher at your school or language institution and <u>one (1)</u> from an adult leader at an organization where you have volunteered, or held a position of leadership or active membership for at least on year. These should be from adults who know the applicant and has knowledge of academic, personal and leadership qualities. <u>The recommendations cannot be from a family member or friends.</u>

This recommendation must be typed, or if it is written by hand it must be legible. The recommendations must be submitted with your complete application to be eligible. **LETTERS ARRIVING LATE MAY DISQUALIFY AN APPLICATION.**

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Last Name, First Name (as provided on y	our application)	
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To be filled out by the person giving the	reference: Work/Title	
Relationship to the applicant	Place of Employment	
 Email Address	 Phone Number	

	Excellent	Good	Normal	Poor	Not Sure
Consideration and respect for others and					
their perspectives					
Good judgment and common sense					
Potential to be a leader					
Ability to follow orders with a good					
attitude					
Initiative					
Sense of responsibility					
Ability to engage with new situations					
Intellectual curiosity and imagination					
Ability to express oneself clearly					
Participation in the community and in					
extra-curricular activities					
Ability to complete and continue projects					
Sense of humor					
Ability to complete and continue projects					

J	r articipation in the community and in				1		
	extra-curricular activities						
	Ability to complete and continue projects						
	Sense of humor						
Comments: What are the strong characteristics of this applicant?							
How well do you think the applicant can adapt the student to new situations with a family from another culture?							
	well do you think the applicant can collal lems?	oorate with	other mem	bers of you	ır travel gro	oup to solve	
	e comment on the general ability of the scultural and leadership skills.	student to p	articipate i	n the progr	am, includi	ng	
Nan	ne	Si	gnature				



Consent of Parents or Legal Guardians of Secondary Students

All applicants must submit an authorization signed by the parent or legal guardian along with the application, giving permission to participate in the Young Ambassadors Program. If this authorization is missing, the request will not be considered.

Applicant Name:	
Parent/Guardian 1:	
Full Name and Relationship to applicant	
Address	
Phone and Email	
Parent/Guardian 2:	
Full Name and Relationship to applicant	
Address	
Phone and Email	
Other Family Names	
Relationship	
My son / daughter has my permission to request participate fully if accepted.	t participation in the Young Ambassador Program and to
Signature of Parent / Guardian	 Date
•	on is true and I agree that if the applicant is selected he / she wil and abroad, including orientation before leaving and activities to
I also agree that if I am selected for the program	I will participate fully for the duration of the program.
Signature of the Applicant	Date
Signature of Parent / Guardian	 Date