

**STUDY OF THE UNITED STATES INSTITUTES FOR STUDENT
LEADERS ON SOCIAL ENTREPRENEURSHIP**

SUMMER OF 2011

APPLICATION

TITLE OF THE INSTITUTE

NAME (as it appears on passport):

DATE OF BIRTH: (Month, Day, Year)

CITY OF BIRTH:

COUNTRY OF BIRTH:

COUNTRY OF RESIDENCE:

COUNTRY OF CITIZENSHIP:

MEDICAL, PHYSICAL, DIETARY OR OTHER PERSONAL CONSIDERATIONS
(No physical examination is required to participate in this program):

HOME ADDRESS: _____

HOME TELEPHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

ACADEMIC MAJOR: _____

WORK AND VOLUNTEER EXPERIENCE:

COMMUNITY SERVICE INVOLVEMENT:

YEAR IN COLLEGE: _____

PREVIOUS EXPERIENCE IN THE UNITED STATES: (Please list all trips you have made to the United States and include approximate dates and reason for travel).

FAMILY RESIDING IN THE UNITED STATES:

(Please list any immediate family members who are currently residing in the United States, including city and state.

EVIDENCE OF ENGLISH FLUENCY:

(Please list any English test scores you have received, if you have taken any English exams in the last three years).

PERSONAL STATEMENT: (no more than 1 double-spaced page, including why you are interested in participating in the program and what you expect to get out of it)