|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | COLORADO  4-H International Exchange  **INBOUND PARTICIPANT APPLICATION**  **(due Apirl 1)** | | | | |  | PHOTO  (HEAD/SHOULDER) |
| Program: |  | | Country: | |  |  | |  |
|  | | | |  | | | | |

**Please type. Attach separate page, if additional space is needed.**

**PERSONAL DATA:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: | |  | | | | | | | | | | | | | PP #: | | | |  | | | | | | | | | Sex: | | |  | | | |
| *(as it appears on your passport)* | | | | | | | *(First)* | | | *(Middle)* | | *(Last)* | | | | |  | | | | | | | | |  | | | | | | |
| Name you would like to be called: | | | | | | | | |  | | | | | | | Age: | |  | | | | | | | Birthdate: | | | | | / / | | | | |
|  | | | | | | | | |  | | | | | | |  | |  | | | | | | |  | | | | | *Month / Day / Year* | | | | |
| **Permanent Address:** | | | | | | | | | | | | | | **Current Address:** *(if different)* | | | | | | | | | | | | | | | | | | | | |
| Street/Route: | | |  | | | | | | | | | |  | Street/Route: | | | | | | | |  | | | | | | | | | | | | |
| City: |  | | | | | | | Zip: | | |  | |  | City/State: | | | | | |  | | | | | | | | | Zip: | | | | |  |
| Home Phone: | | | |  | | | | | | | | |  | Home/Cell Phone: | | | | | | | | |  | | | | | | | | | | | |
| Cell Phone: | | | | |  | | | | | | | |  | Last date at this address: | | | | | | | | | | / / | | | | | | | | | | |
| Email Address: | | | | |  | | | | | | | |  |  | | | | | | | | | | Month / Day / Year | | | | | | | | | | |
| **Emergency Contact:** | | | | | |  | | | | | | |  | Relationship: | | | | | | |  | | | | | | Phone: | | | | |  | | |

**Family Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mother's Name: | |  | |  | Occupation: |  | |
| Home Address: |  | | | | | | |
| Work Address: |  | | | | | | |
| Area Code/Phone (H): | | |  |  | Area Code/Phone (W): | |  |

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Father's Name: | |  | | |  | Occupation: |  | | |
| Home Address: |  | | | | | | | | |
| Work Address: |  | | | | | | | | |
| Area Code/Phone (H): | | |  | |  | Area Code/Phone (W): | |  | |
| Cell Phone: | | | |  |  |  | | |  |
| Number/Age of Sister(s): | | | |  |  | Number/Age of Brother(s): | | |  |

**Program Interests:** Please list your areas of interest for coming to Colorado. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION:** Indicate the highest year you will have completed by the date you will be available for participation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High School: | ⬜ 9 - Freshman | ⬜ 10 - Sophomore | ⬜ 11 - Junior | ⬜ 12 - Senior |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| College/University: | ⬜ Freshman | ⬜ Sophomore | ⬜ Junior | ⬜ Senior | ⬜ Beyond Bachelor’s |

|  |  |  |  |
| --- | --- | --- | --- |
| Major Field of Study: |  | Minor Field of Study: |  |

|  |  |
| --- | --- |
| Name of School(s) currently attending: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Degree(s) Received: |  | Date(s) Received: |  |

|  |  |
| --- | --- |
| College/University Degree(s) awarded: |  |

**LANGUAGE ABILITY:** 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 HOME COUNTRY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Length of Stay** | **Dates / Year** | **Purpose**  ***(tourist, exchange student, other)*** |
|  |  |  |  |
|  |  |  |  |
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International activities in which you and your family have been involved *(include visitors hosted)*:

|  |
| --- |
|  |
|  |

**HOST FAMILY INFORMATION:** Has your family hosted an international participant before? ⬜ Yes ⬜ No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country: |  | Name of Program: |  | Year: |  |
| Country: |  | Name of Program: |  | Year: |  |

**LEADERSHIP & RELATED EXPERIENCES:** *(include major experiences in 4-H,* YOUTH PROGRAMS*, other)*

|  |  |  |
| --- | --- | --- |
| **Organization** | **Years of Membership** | **Leadership / Other Responsibilities** |
|  |  |  |
|  |  |  |
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|  |  |  |
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**INTERNATIONAL OPPORTUNITIES AND YOU:What are your long-range goals?**

|  |  |
| --- | --- |
| Career: |  |
|  | |
|  | |
|  | |
| Personal: |  |
|  | |
|  | |
|  | |

**Why do you want to participate in an international exchange program?**

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| --- |
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|  |

**Please explain briefly your interests or other pertinent information about yourself and how you feel IFYE will benefit you in these areas.**

|  |
| --- |
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|  |

**List Farm / Agricultural Experience** *(specify number of years involved, type of livestock and crops, etc.)*:

|  |
| --- |
|  |
|  |

**Leisure Interests:**

|  |
| --- |
|  |
|  |

**SPECIAL STUDY INTEREST:** While abroad you should continue to focus on your career interests, in addition to the cultural aspects of the exchange. To the extent possible, we will consider your interests when making host family placements. Please describe your interest(s) *(e.g., agriculture, economics, politics, environment, nutrition)*.

|  |  |
| --- | --- |
| Be specific - give details: |  |
|  | |
|  | |
|  | |

**HEALTH / INSURANCE:** Do you have any allergies, dietary restrictions, or other health problems? ⬜ Yes ⬜ No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| If yes, please explain: | |  | | | | |
| Name of medical insurance carrier: | | |  | | | |
| I.D. #: |  | | | Group #: |  | ***(***Notify Colorado 4-H of changes)***.*** |

**GENERAL INFORMATION:**

|  |
| --- |
| Other information helpful in your placement with a program *(include special interests or medical considerations)*: |
|  |
|  |

How did you learn about International Exchange Programs?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  Former Participant |  | |  School Announcement | |  | |
|  Other Event (*specify*): | |  | |  Other (*specify*): | |  |

SIGNATURE OF COUNTRY COORDINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF COUNTRY PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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 4-H International Exchange Programs and agree to participate within the framework of the program for which I am accepted.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant's Signature |  | Date |  | Parent / Legal Guardian  *(if applicant is under 18)* |  | Date |

**NOTE: DUE April 1 – proof of medical insurance, flight itinerary, copy of passport, Colorado 4-H Inbound Agreement**