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|  | | | Colorado 4-H International Programs  Campus Delivery 4040  Fort Collins, Colorado 80523-4040  Telephone: (970) 213-0899  E-mail: [melissa.barton@colostate.edu](mailto:melissa.barton@colostate.edu)  **4-H International Exchange**  **OUTBOUND PARTICIPANT APPLICATION** | | | | |  | Attach  One Photo  Here  *Photographs*  *should be approximately the size of this box.*  Please include 4 photographs |
| State: | |  | | County: | |  |  | | *(head & shoulders)* of yourself with this form. |
| Indicate program(s) for which you are applying: | | | | | Representative (19-30 years): ⬜ 6 months ⬜ 3 months  (formerly known as IFYE) | | | | |
|  | | | |  | | | | |

***4-H International exchanges are conducted in support of the 4-H program of Colorado State University Extension.***

This application form must be submitted to the International Program Coordinator in your state.

Contact your County Extension Office, State 4-H Office, or above address for additional information.

**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/State: |  | | | | | | | 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: |  | | | | | | |
| Phone (H): | | |  |  | 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): | | | |  |
| **Religion** *(For information of host. If Protestant, give denomination)*: | | | | | | |  | | | |

**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:** *(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** | **Length of Stay** | **Dates / Year** | **Purpose**  ***(tourist, exchange student, other)*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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, church, school, university, other)*

|  |  |  |
| --- | --- | --- |
| **Organization** | **Years of Membership** | **Leadership / Other Responsibilities** |
|  |  |  |
|  |  |  |
|  |  |  |
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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 a 4-H International Exchange Program 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 country and 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)***.*** |

**REGION & COUNTRY PREFERENCES:** Programs are normally categorized according to the following regions: Africa, Asia, Caribbean, Europe, Latin America, Middle / Near East, South Pacific. Individual countries should then be selected for each region.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **First Choice** |  | **Second Choice** |  | **Third Choice** |  | **Fourth Choice** |
| **Region** |  |  |  |  |  |  |  |  |
| Country:  1st Choice |  |  |  |  |  |  |  |  |
| 2nd Choice |  |  |  |  |  |  |  |  |
| 3rd Choice |  |  |  |  |  |  |  |  |
| 4th Choice |  |  |  |  |  |  |  |  |

List regions / countries that are not acceptable to you and please specify why:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Region / Country: |  | Reason: |  | |
| Region / Country: |  | Reason: |  | |
| Earliest date you can depart *(if after mid-June, please explain)*: | | | |  |

**GENERAL INFORMATION:**

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

How did you learn about 4-H International Exchange Programs?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  Former Participant |  Extension Office | |  School Announcement | |  Program at the National 4-H Center | |
|  Other 4-H Event (*specify*): | |  | |  Other (*specify*): | |  |

**REFERENCES:** 4-H members are required to name at least one Extension Staff member; the other two may be any individuals other than relatives.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | Area Code/Phone: |  |
| Address: | |  | | |
| Name: |  | | Area Code/Phone: |  |
| Address: | |  | | |
| Name: |  | | Area Code/Phone: |  |
| Address: | |  | | |

**FEE:** A deposit fee of $350.00 is due within 14 days after selection. This fee is not refundable after January 15. This fee is part of the total Program Fee.**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 |