



International Four-H Youth Exchange
Association of the USA, Inc.
 5811 Lone Oak Drive East, Bethesda, MD 20814-1843
 Telephone: (301) 493-5301
 E-mail: lfeassociation@aol.com

4-H International Exchange
PARTICIPANT APPLICATION

Attach
 One Photo
 Here

*Photographs
 should be approximately the
 size of this box.*

*(head & shoulders) of
 yourself with this form.*

State: _____ County: _____

Indicate program(s) for which you are applying: IFYE Representative (19-30 years): 6 months 3 months
 IFYE Ambassador (16-26 years) International Youth Development Plan (YDP)
 Other Program (Please Specify): _____

4-H International exchanges are conducted in support of the 4-H program of the Cooperative Extension Service.
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: _____ S.S. #: _____ Sex: _____
(as it appears on your passport) (First) (Middle) (Last)

Name you would like to be called: _____ Age: _____ Birthdate: _____
Month / Day / Year

Permanent Address:

Street/Route: _____
 City/State: _____ Zip: _____
 Area Code/Phone: _____
 Fax (if applicable): _____
 Email Address: _____

Current Address: (if different)

Street/Route: _____
 City/State: _____ Zip: _____
 Area Code/Phone: _____
 Last date at this 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): _____
 Father's Name: _____ Occupation: _____
 Home Address: _____
 Work Address: _____
 Area Code/Phone (H): _____ Area Code/Phone (W): _____
 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 Degree

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 (<i>tourist, exchange student, other</i>)

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

INTERNATIONAL OPPORTUNITIES AND YOU:

What are your long-range goals?

Career: _____

Personal: _____

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

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.

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 CD International of any 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: _____

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Address: _____

Name: _____ Area Code/Phone: _____

Address: _____

FEE: This application must be accompanied by a \$350.00 deposit fee, which is not refundable after January 1. The application 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