



**International Four-H Youth Exchange
Association of the USA, Inc.**

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**4-H International Exchange
PARTICIPANT APPLICATION**

Attach
One Photo
Here

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

Please include 4 photographs
(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: _____

Name: _____ Area Code/Phone: _____

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