



COMMUNITY COLLEGE INITIATIVES PROGRAM

STUDENT APPLICATION

Personal Information

<input type="checkbox"/> Male <input type="checkbox"/> Female	Name of applicant _____ SURNAME / FIRST / MIDDLE
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Home Address (Street and number; city, state/province, postal code)	Home Phone
	Mobile Phone
	E-mail

Place of birth (city or town and country)	Date of birth (month/day/year)
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Country of citizenship	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married
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Do you have a passport? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you currently a student? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, name of college/institution: _____
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What is the highest educational degree you have completed?

I am interested in (check one):

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Media
<input type="checkbox"/> Applied Engineering	<input type="checkbox"/> Tourism and Hospitality Management
<input type="checkbox"/> Business Management and Administration	Specializing in:
<input type="checkbox"/> Health Professions including Nursing	_____
<input type="checkbox"/> Information Technology	(write specific area of interest within field of study)

Knowledge of languages: Rate yourself Excellent, Good, Fair, or Poor. Include all languages that you speak or have studied, including English. List your native language also.

Language	Reading	Writing	Speaking	Listening

Language proficiency (If you have taken any standard test of English language proficiency, please provide copy of the test results.

Test Taken: _____ Date Taken: _____ Results: _____ (Please attach copy)

Background Information

List Educational Institutions Attended (Please attach a translated and certified copy of your transcripts for any institution from which you received a diploma or degree).

Name of Institution/Location	Major Field of Study	Dates (Month and year)		Actual Name of Degree or Diploma (Do not translate)	Date Received
		From	To		

Work Experience: List jobs held, begin with most recent employment.
(continue on additional sheets of paper, if necessary)

Name and address of employer	Position held	Dates (Month and year)		Responsibilities
		From	To	

If you have traveled or lived in any country other than your own indicate places, dates and reasons.
(continue on additional sheets of paper, if necessary)

Country	Dates	Purpose

Provide the name, address and telephone number of individuals to be notified in case of emergency

In the home country (Panama)	In the United States	List below any close relatives or friends in the United States (name, address, and relationship)

Essays

Please describe why you are a good candidate for the program. What do you hope to learn? How would this program fit with your past education and training and with your future goals?

Please describe one situation from your school, work, or personal life when you faced a challenge or a problem. How did you resolve it?

Why would you be a good representative of your country? What would you like to share about your culture?

If you go to the U.S. on this program how do you think your life will be different in 5 years?

COMMUNITY COLLEGE INITIATIVES PROGRAM APPLICATION CERTIFICATION STATEMENT

CERTIFICATION: I certify that I completed this application myself, without aid or assistance, that the information given in this application is complete and accurate, and that I have carefully read and understand it.

I understand that program administrators reserve the right to verify all the information listed in the application. I understand that giving false or misleading information in the application will eliminate me from the competition or cause my dismissal from the Community College Initiative Program.

Also, I acknowledge that I am aware of the following requirements that I must observe if I am selected for the program:

- I must follow all program rules and regulations and observe all the laws of the United States during my stay there.
- At the end of the year program, I will return to my home country. I understand that I may not extend my stay in the United States.

Signature of applicant

Date