



COMMUNITY COLLEGE INITIATIVES PROGRAM

STUDENT APPLICATION 2010

Personal Information

Male Female

Name of applicant

SURNAME

FIRST

MIDDLE

Home Address (Street and number; city, province)

Home Phone

(507)

Mobile Phone

(507)

E-mail

Mailing address: Include your postal/ mailing address.

Place of birth (city or town and country)

Date of birth (month/day/year)

Country of citizenship

Marital status:

Single

Married

Do you have a passport?

yes

no

Are you currently a student?

yes

no

If yes, name of college/institution: _____

What is the highest educational degree you have completed?

I am interested in (check one):

Agriculture

Media

Applied Engineering

Tourism and Hospitality Management

Business Management and Administration

Specializing in:

Health Professions including Nursing

(write specific area of interest within field of study)

Information Technology

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		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	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?

NAME: _____

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.

PLEASE INDICATE IF YOU HAVE APPLIED FOR A U.S. VISA:

	YES	NO	DATE (S) GRANTED	DATE (S) REJECTED
NON-IMMIGRANT VISA (VISA DE TURISMO)				
IMMIGRANT VISA (VISA DE RESIDENCIA)				

Signature of applicant

Date



COMMUNITY COLLEGE INITIATIVES PROGRAM

APPLICATION CHECKLIST

La solicitud completa debe ser entregada en:	<ul style="list-style-type: none"> Complejo de la Embajada de EE.UU. (Garita de Servicio) – Calle Demetrio B. Lakas Edificio 783, Clayton - Tel: 207-7459 Por transporte o por fax al 207-7350 enviar Atención “Becas/Programa CCI” Embajada EE.UU. – Tel: 207-7459
Fecha de entrega:	20 de noviembre de 2009 (antes de las 11 a.m.)

APPLICATION CHECKLIST

Candidate's Name (last/first/middle):

Date of Birth (month/day/year):

Sex:

Current Job (title in English):

Name of Organization/employer (in English):

Field of Study (Select one field only):

- | | | |
|---|--|------------------|
| <input type="checkbox"/> Agriculture
<input type="checkbox"/> Applied Engineering
<input type="checkbox"/> Business Management and Administration
<input type="checkbox"/> Health Professions including Nursing; | <input type="checkbox"/> Information Technology
<input type="checkbox"/> Media
<input type="checkbox"/> Tourism and Hospitality Management _____ | Specializing in: |
|---|--|------------------|

Status of Application:

Application	Score and date taken	Attached	Forthcoming	Not Applicable
English Test (TELP, Institutional TOEFL or official TOEFL)				
Current transcripts, if currently a student				
Photocopy of secondary school diploma <ul style="list-style-type: none"> Official English Translation (do not submit until further notification) 				
Photocopy of secondary school transcripts <ul style="list-style-type: none"> Official English translation (do not submit until further notification) 				
Photocopy of university diploma <ul style="list-style-type: none"> Official English translation (do not submit until further notification) 				
Photocopy of university transcripts <ul style="list-style-type: none"> Official English translation (do not submit until further notification) 				
Clear photocopy of your passport bio page (If you not have a passport, please attach a clear photocopy of your cedula)				