|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| US%20Flag%20Color%20High.jpgCommunity College Initiative ProgramStudent Application 2023-2024 | | | | |
| Personal Information | | | | |
| **Name** **of applicant** *as indicated on passport if passport is already issued. Please type or print.*    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SURNAME/FAMILY NAME First/Given Name Middle Name(s)**  **(write in all capital letters)** | | | | |
| **Home Address**:  Street and number:  City:  State/province:  Postal code:  Country: | | | Home Phone: | | |
| Mobile Phone: | | |
| **E-mail:** | | |
| **Location where you currently live:** | | |
| Federal Capital  Other City/Town | Major City  Rural Area | |
| **Gender:**  Male  Female  Non-binary  Intersex  Gender Non-conforming | Marital status: Single  Married | Do you have a passport? Yes  No | **Date of birth (month/day/year):**  Month of birth:  Day of birth:  Year of birth: | | |
| Country/Countries of citizenship: Country/Countries of permanent residence: | | | **Place of birth (city or town and country, as listed in passport, if available):**  City of birth:  Country: | | |
| Are you currently a student?  Yes  NoIf yes, I am currently a… Secondary School/High School Student Undergraduate Student Other: Name of college/institution enrolled:  I am currently studying  Full-time  Part-time  I am enrolled in a degree program.  Yes  No | | | **What is the highest educational degree you have completed?**  Secondary School/High School  Postsecondary Study  Number of years of study completed: \_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of years of study completed: \_\_\_\_\_\_\_\_\_ | | |
| **Have you participated in any U.S. government exchange program?** Yes  No If yes, give name of the program: Duration of the program: Year you participated: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your proposed Field of Study during the Community College Initiative Program: ***Applicants must apply in only 1 field of study****. Select your preferred field of study from the options below*.  *Then, select 3 concentration areas in that same field of study and note the order of your preference.*  *You must select 3 options within the same field of study – subfield concentration areas and academic certificates are not guaranteed and are contingent upon host college availability.* ***Applicants understand and accept that they may be placed in any of the 3 concentration areas selected.*** | | | | | |
| **Field of Study**  **(check 1):** | **Concentration Area**  **(check 2 or 3):** | | **Rank Order Preference**  **(1 is highest, 3 is lowest)** | | |
| Agriculture | Agribusiness | | 1 | 2 | 3 |
| Agricultural Geospatial Technology | | 1 | 2 | 3 |
| Agricultural Production Management | | 1 | 2 | 3 |
| Animal Science | | 1 | 2 | 3 |
| Environmental Horticulture and Conservation | | 1 | 2 | 3 |
| Sustainable Agriculture | | 1 | 2 | 3 |
| Applied Engineering  **Applicants to applied engineering will need to have a solid foundation in math and will need to take a math placement exam at their host campuses to be eligible for credit-bearing courses.** | Architecture | | 1 | 2 | 3 |
| Automotive Technology or Service Management | | 1 | 2 | 3 |
| Computer Aided Design | | 1 | 2 | 3 |
| Construction Management | | 1 | 2 | 3 |
| Electricity, Electromechanical and Electronics Technology | | 1 | 2 | 3 |
| Heating Ventilation and Air Conditioning | | 1 | 2 | 3 |
| Machine Repair: Automated Systems | | 1 | 2 | 3 |
| Manufacturing Technology | | 1 | 2 | 3 |
| Mechatronics | | 1 | 2 | 3 |
| Renewable Energy Technology | | 1 | 2 | 3 |
| Robotics | | 1 | 2 | 3 |
| Welding | | 1 | 2 | 3 |
| Business Management and Administration | *Banking and Finance* | Accounting | 1 | 2 | 3 |
| Bookkeeping | 1 | 2 | 3 |
| *Entrepreneurship* | Business Planning | 1 | 2 | 3 |
| Entrepreneurship | 1 | 2 | 3 |
| Small Business Management | 1 | 2 | 3 |
| *Marketing and Public Relations* | Customer Service | 1 | 2 | 3 |
| Marketing | 1 | 2 | 3 |
| Promotions and Public Relations | 1 | 2 | 3 |
| Social Media Marketing | 1 | 2 | 3 |
| *Management and Administration* | Administrative Professional | 1 | 2 | 3 |
| Business Management | 1 | 2 | 3 |
| Business Operations Support Services | 1 | 2 | 3 |
| Human Resources | 1 | 2 | 3 |
| International/Global Business | 1 | 2 | 3 |
| Leadership Development | 1 | 2 | 3 |
| Organizational Leadership | 1 | 2 | 3 |
| Project Management | 1 | 2 | 3 |
| Early Childhood Education (ECE) | Administration of an ECE Center | | 1 | 2 | 3 |
| Early and School-Age Care Specialist | | 1 | 2 | 3 |
| Early Childhood Education and Development | | 1 | 2 | 3 |
| Special Education | | 1 | 2 | 3 |
| Information Technology | Computer Information Systems (CIS)/Computer Science (CS) | | 1 | 2 | 3 |
| Computer Internetworking Technologies (CIT) | | 1 | 2 | 3 |
| Cybersecurity | | 1 | 2 | 3 |
| Geographic Information Systems (GIS) | | 1 | 2 | 3 |
| IT Technician: Desktop Support, Computer Support, Network Technician | | 1 | 2 | 3 |
| Media | Digital Media, Journalism, and Communications | | 1 | 2 | 3 |
| Graphic Design | | 1 | 2 | 3 |
| Public & Media Relations | | 1 | 2 | 3 |
| Social Media Marketing | | 1 | 2 | 3 |
| Web Design | | 1 | 2 | 3 |
| Web Development | | 1 | 2 | 3 |
| Social Services, Health, and Public Safety | Community Health Worker | | 1 | 2 | 3 |
| Emergency Services**/**EmergencyMedical Services | | 1 | 2 | 3 |
| Fire Sciences, Protection and Safety | | 1 | 2 | 3 |
| Phlebotomy | | 1 | 2 | 3 |
| Tourism and Hospitality Management | Hospitality and Hotel Management | | 1 | 2 | 3 |
| Culinary Arts and Restaurant Management | | 1 | 2 | 3 |
| Meeting, Event, and Exhibition Planning | | 1 | 2 | 3 |
| Tourism | | 1 | 2 | 3 |

To pursue certificates in a field of study, you will likely be required to repeat entry-level courses you have taken in your home country to meet prerequisite requirements for the certificate. A certificate in the selected subfield is not guaranteed. Official copies of any post-secondary transcripts and course syllabi or other documentation of course content and your performance from your home institution may be considered for evaluating if you have already satisfied the prerequisite requirements, but this process requires precise documentation and is not guaranteed. **You will need to bring official copies of your education records with you to the United States for host campus evaluation.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 first.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Language** | **Reading** | **Writing** | **Speaking** | **Listening** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **English Language Proficiency:** If you have taken any standardized test of English language proficiency (for example TOEFL, TOEIC, IELTS) please list the test taken, give the results, and provide a copy of the test results.  Test Taken: Date Taken: Results (*also* *attach copy*): |
|  |
| **Background Information** |
| **Educational History: Please list educational institutions that you are currently attending or have attended with the most recent listed first.** Please attach a translated and certified copy of your transcripts for any institution from which you received a certificate, diploma, or degree.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name of Institution/Location** | **Major Field of Study** | **Dates Attended** *(Month, Year)*  **From To** | | **Actual Name of Degree or Diploma** (Do not translate) | **Type of Education**  (Select one) | **Date Degree Received / Anticipated Completion Date** | | **Current or Most Recent Education:** |  |  |  |  | High School  Postsecondary  Other: |  | | **Previous Education:** |  |  |  |  | High School  Postsecondary  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| **Work Experience: Are you currently employed?  Yes, full-time  Yes, part-time  No**  **List jobs held, begin with current or most recent employment.** (Continue on additional sheets of paper, if necessary)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name and address of employer** | **Position held** | **Date**  **From:**  **(Month/ Year)** | **Date**  **To:**  **(Month/ Year)** | **Responsibilities** | | **Current Position:** |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

**Professional and Volunteer Experience: In addition to jobs held, please list relevant professional non-paid, volunteer and/or leadership positions or experiences.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Date**  **From:**  **(Month/ Year)** | **Date**  **To:**  **(Month/ Year)** | **Responsibilities** |
|  |  |  |  |
|  |  |  |  |

**Are you currently employed or have you been employed in the previous 12 months for the U.S. Department of State and/or the U.S. Agency for International Development (USAID)?  Yes  No**

**Are you an immediate family member of someone who is currently employed or has been employed in the previous 12 months by the U.S. Department of State and/or the USAID?  Yes  No**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **If you have traveled or lived in any country other than your own, indicate the places where you traveled, the dates of that travel (month and year), and the purpose of the travel.** (Continue on additional sheets of paper, if necessary)   |  |  |  | | --- | --- | --- | | **Country** | **Dates of Travel** | **Purpose of Travel** | |  |  |  | |  |  |  | |  |  |  | |
| **Emergency Contact Information: Below, provide the names, addresses and telephone numbers of individuals to be notified in case of an emergency.**   |  |  |  |  | | --- | --- | --- | --- | | **Name of individual** | **Location & address of individual** | **Indicate relationship to you (father, mother, friend, etc.)** | **Languages this person speaks** | | **List contacts in your home country** | | | | |  | **Address:**  **Telephone:**  **Email:** |  |  | |  | **Address:**  **Telephone:**  **Email:** |  |  | | **List contacts in the United States, if any** | | | | |  | **Address:**  **Telephone:**  **Email:** |  |  | |

**Please list family members who have participated in a U.S. government-sponsored exchange program in the United States.** (Continue on additional sheets of paper, if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of individual** | **Relationship** | **Name of program** | **Program dates** |
|  |  |  |  |
|  |  |  |  |

**Please list any family members who are currently applying to participate in a 2023 or 2024 U.S. government-sponsored exchange program in the United States.** (Continue on additional sheets of paper, if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of individual** | **Relationship** | **Name of program** | **Program dates** |
|  |  |  |  |
|  |  |  |  |