



**2019 STUDY OF THE UNITED STATES INSTITUTES (SUSI) FOR STUDENT LEADERS FROM EUROPE
APPLICATION FORM**

A. Title of the Institute:

Please check which of the following SUSI Institute you are applying for (Please note that you can apply only for one institute):

- Civic Engagement _____
- Entrepreneurship and Economic Development _____
- Youth, Education, and Closing the Skills Gap _____

B. Applicant's full name, exactly as it appears on applicant's passport:

Prefix:

Last name:

First name:

Middle name:

C. Gender

Male

Female

D. Date of birth (mm/dd/yyyy):

E. Birth City:

F. Birth Country:

G. Citizenship

Primary:

Secondary (if applicable):

H. Residency address:

I. Medical, Physical, Dietary or other Personal Consideration:

(Please describe any pre-existing medical conditions, including any prescription medication the candidate may be taking, allergies, or other dietary or personal consideration. This will not affect candidate selection, but will enable the host institution to make any necessary accommodations.)

Disability:

- 1. Blind & Visual Impairments
- 2. Deaf and Hearing Impairments
- 3. Learning Disabilities
- 4. New Disability Descriptions
- 5. Physical Disabilities
- 6. Psychiatric Disabilities
- 7. Systemic Disabilities

Comment:

J. Applicant's contact information:

Address:

City:

Province:

Postal Code:

Country:

Email:

Phone and Cell Phone:

Emergency Contact Name & Relationship (Example: John Doe, Father):

Emergency Contact Phone:

Emergency Contact Email:

K. Current Title, Institution:

Academic Major: _____

Institution Name: _____

Department name: _____

Year of study (check):

Completed first year _____

Completed second year _____

Completed third year _____

Other (specify) _____

L. Work and Volunteer Experiences, including previous positions and titles (Use additional space if necessary):

From (date)	To (date)	Title/Institution (Please specify if position is part-time)	Responsibilities

M. Additional Training (include the dates):

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N. Memberships and Associations, Clubs, etc.:

From (Date) to (Date)	Title/ Organization	Responsibilities

O. Previous Experience in the United States:

Purpose	From (date)	To (date)	Description/Sponsor

P. Family/Friends Residing in the United States:

Please provide name and address of family/friend residing in the United States, if any.

Q. English Proficiency: **Reading:** Excellent Good Fair
 (TOEFL test score or **Writing:** Excellent Good Fair
 self-evaluation) **Speaking:** Excellent Good Fair

R. Personal Essay (Limit 400 words)

The essay should be no more than 400 words (no longer than one page, single spaced). Please discuss why you are interested in participating in the particular institute, what you expect to gain from the experience, and what you will contribute to the group. In addition, please provide information about your background, responsibilities, interests and goals in greater detail, and also explain what makes you competitive for the particular institute. Discuss how your participation would enhance your personal and academic goals.



Please send the completed application form and a scanned copy of teacher recommendation to the following email address: KyivAccess@state.gov

Deadline for receiving applications at Public Affairs Section: January 16, 2019