**INSTRUCTIONS:**

* Please submit the below form to your professor or selection committee in the deadline set by your institution.
* Applications sent directly to the Embassy Branch Office in Belo Horizonte will not be consider.
* Please **save this form with the Higher Education Institution, candidate name and surname**. Examples: UCR\_John Smith, UFLA\_Joao Silva.
* In case you are sending images (for the requests in letters P, Q, R) please save them on PDF format with your name, surname and name of the University. Examples: Joao Silva\_Transcript, Maria Santos\_TOEFL.
* Send all information together in a single e-mail message. Only electronic, scanned (PDFs) documents will be accepted.
* Please delete the instruction information when saving the file with your data.

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**Application Form: Winter 2020 Study of the**

**U.S. Institute for Student Leaders on Social Entrepreneurship**

**A. Applicant's full name, exactly as it appears in his/her passport (or national identity document).** *Clearly identify first, middle and surnames as they appear in passport/ID.*

Prefix: (Mr, Ms.).

**Surname:**

**First name**:

**B. Gender:**

**C. Date of Birth (month/day/year):** *(Please spell the month, eg: February 30, 1800)*

**D. City/State of Birth:**

**E. Country of Birth:**

**F. Country(ies) of Citizenship:**

**G. Country of Residence:**

**H. Applicant’s contact information: Home Address, Telephone and E-mail** *(please write the name of the street in Portuguese)*

Address:
City:
State:
Postal Code:

(DDD): / Telephone:  / Cell phone:

E-mail:

**I. Emergency Contact information: Home Address, Telephone and E-mail** *(please write the name of the street in Portuguese)*

Name:

Address:
City:
State:
Postal Code:

(DDD): / Telephone:  / Cell phone:

E-mail:

Relationship to applicant:

**J. Medical, Physical, Dietary or other Personal Considerations:** *Please state any existing medical conditions or if you are currently taking any prescription medication.  (This will not affect selection, but will enable the host institution to make any necessary accommodations.)*

**K. Academic Course, Institutions:**

Course:
Home Institution Name:

Department:
Expected Graduation Date:

Year in School:

Course:
Home Institution Name:

Department:
Expected Graduation Date:

Year in School:

**L. Work and volunteer experience:**

**M. Memberships in Associations, Clubs, etc.**

**N. Previous Experience in the United States:** *Please list any and all trips to the United States and include approximate dates and the reason for travel.*

From: To:

Purpose:

**O. Family residing in the United States:** *Please list any immediate family members who are currently residing in the United States, including city and state.*

**P. Evidence of English Fluency** *(e.g. personal interview, test score, etc.).*

**Q. Please attach your most recent University Transcript** (in Portuguese)

**R. Please attach Evidence of Fluency in *English*** *(TOEFL,TELP or other certificates)*

**S. Personal Statement** - Write an essay (750 words maximum) that describes the following:

1 - Why are you interested in participating in this program?

2- What are your strongest qualifications for the program?

3 - As a participant, what unique qualities or perspectives will you bring to the group?

4 - How will you share what you have learned when you return to Brazil?

**T. Reference Letter** – Please provide a letter from a professor or supervisor that can attest your academic achievements and potential, leadership qualities, significant contributions to the class or university community and notable interest in the United States.