

	<p>APPLICATION FORM YOUTH AMBASSADORS PROGRAM YEAR 2010 U.S. Embassy</p>	
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Participants interested in applying for this program should answer the questionnaire below in English and return it, along with the required documentation, **to the U.S. Embassy (Mcal. López esq. Kubitschek) no later than December 11, 2009.**

IMPORTANT:

ELIGIBLE CANDIDATES MUST MEET ALL OF THE FOLLOWING PRE-REQUISITES IN ORDER TO BE CONSIDERED ELIGIBLE TO PARTICIPATE IN THE SELECTION PROCESS:

- be between ages 15-18 at the date of travel;
- have Paraguayan nationality
- be enrolled in high school;*
- be able to communicate clearly in spoken English;
- have had little or no travel abroad;
- demonstrate initiative, social skills, and involvement in leadership or community service activities;
- have excellent grades in school;
- have knowledge about Paraguayan history and culture
- come from a low to moderate income family*
- foster good relationships at home, school and in the community
- demonstrate good teamwork

***When equally qualified, preference will be given to students from public schools and to students from lower income families.**

REQUIRED DOCUMENTATION:

The documentation below should be attached to this application form and returned to the Embassy no later than December 11, 2009:

- A recent photograph (color);
- A copy of your identity card*;
- A copy of your school registration for 2009;
- A copy of your school record for 2007, 2008 and 2009;
- A copy of your last English language school record;
- A copy of the earning statements from both parents and/or your legal tutor;
- A copy of your residence's most recent electricity bill;
- A letter of recommendation from one of your teachers or the school principal; (In Spanish)

PERSONAL INFORMATION:

Attach
here a
color
photo
taken
within
the last
year

Complete Name: _____

Date of birth (month/day/year): ____/____/____

City and Department of birth: _____

Complete home address (also include, city and Department):

Home phone: () _____ Cel. phone: () _____ E-mail:

Cedula Number: _____ Passport Number*: _____ Expiration Date of
Passport: _____

(Please complete passport information only if you have one already, if not please leave this information blank)

Previous travels abroad:

- To the U.S.: No () Yes () Where/When? _____

- To other countries: No () Yes () Where/When?

Medical restrictions (if positive, please specify and inform type of medication used):

Is the candidate allergic to food or medicine? (If positive, please specify):

FAMILY INFORMATION:

Parents: Married () Separated () Deceased: Mother () Father ()

Family size: Brothers: Yes () No () Number: _____

Sisters: Yes () No () Number: _____

Number of family members living with you in the same house: _____

Who do you live with: Parents () Mother () Father () Other (specify): _____

Father's name:

Father's occupation:

Father's employer (name of organization):

Father's salary (attach a copy of father's earning statement):

Father's level of education: Primary () Secondary () University () Graduate studies ()

Father's home address:

Father's home phone: () _____ Office phone: () _____ Cel. phone: () _____

Mother's name:

Mother's occupation:

Mother's employer (name of organization):

Mother's salary (attach a copy of mother's earning statement): _____

Mother's level of education: Primary () Secondary () University () Graduate studies ()

Mother's home address:

Mother's home phone: () _____ Office phone: () _____ Cel. phone: () _____

EDUCATIONAL DATA:

Name and complete address of the school where you study (include city and Department):

Current grade at regular school (attach a copy of your school record for 2006 and 2007):

Do you study English in a Language school? If so, please provide name and address of school (attach a copy of your school record for 2006 and 2007):

How many years have you been studying / speaking English? _____

VOLUNTEER INTERESTS AND INVOLVEMENT:

Describe any projects/volunteer work you are engaged in. Please include the number of years you have been involved in each activity. Also, briefly describe the work that you do, how often you participate in these activities and how many people are benefited from this initiative.

COMMITMENT TO PARTICIPE IN A COMMUNITY PROJECT UPON RETURN :

Part of the Youth Ambassador Program is to implement a community project upon return. By signing this commitment each participant understands that the program does not finish at the end of the trip to the U.S. and that it will require to meet once every two weeks or so, until the end of the year, to implement the community project. If the participant does not live in the capital city or in a city nearby, she/he will have to implement a community project in the city where he or she lives.

With my signature I understand the rules of the program and commit to either work on a group community project in the Capital or to work on an individual community project in my home city.

Signature/Firma: _____ Date/Fecha: _____

Printed Name/ Nombre: _____

SIGNATURES:

Parental Authorization: I support and authorize my son or daughter’s participation in the Youth Ambassador program through the American Embassy and Partners of the Americas.

Autorización de los padres: Apoyo y autorizo la participación de mi hijo/a en el programa de Jóvenes Embajadores de la Embajada Americana y Compañeros de las Americas.

Signature/Firma: _____ Date/Fecha: _____

Printed Name/ Nombre: _____

“With my signature I understand that the Embassy of the United States will have the final decision on who to select as the final winners. The Embassy of the United States will observe the values and criteria described in the norms and conditions of the program. Therefore, I as an applicant and my legal guardians accept the Embassy’s final decision and will not, in any case, dispute the final selection, and will not question the selection process done by the Youth Ambassadors’ Selection Committee.

“Con mi firma yo y mis representantes legales aceptamos la determinación final de la Embajada de los Estados Unidos, en cuanto a la elegibilidad y otorgación de cualquier beca bajo este programa. Asimismo, renuncio a cualquier reclamo posterior que pudiera surgir de eventuales diferencias, en cuanto a criterios de selección, entre la Embajada de los Estados Unidos de América en Paraguay y el postulante”.

Applicant: I verify that the information provided is true and accurate.

Signature: _____ Date: _____

Printed Name: _____