



Linked in Friendship, Connected in Service

**PROGRAM APPLICATION DEADLINE**

Date: \_\_\_\_\_

Please complete all information below.

**A. Personal Information**

|  |                      |                      |
|--|----------------------|----------------------|
| Last Name                                | First Name           | M.I.                 |
| <input type="text"/>                     | <input type="text"/> | <input type="text"/> |
| Address                                  |                      |                      |
| <input type="text"/>                     |                      |                      |
| City                                     | State                | Zipcode              |
| <input type="text"/>                     | <input type="text"/> | <input type="text"/> |
| Phone                                    | Student e-mail       |                      |
| <input type="text"/>                     | <input type="text"/> |                      |
| Languages spoken, in addition to English |                      |                      |
| <input type="text"/>                     |                      |                      |
| Parent/Guardian (Please Print)           |                      |                      |
| <input type="text"/>                     |                      |                      |
| Parent/Guardian e-mail                   | Phone                |                      |
| <input type="text"/>                     | <input type="text"/> |                      |
| Signature of Parent/Guardian             | Date                 |                      |
| <input type="text"/>                     | <input type="text"/> |                      |

**B. School Information**

|                               |                      |                      |
|-------------------------------|----------------------|----------------------|
| <input type="text"/>          |                      |                      |
| Name of School                |                      |                      |
| <input type="text"/>          |                      |                      |
| School Address                |                      |                      |
| <input type="text"/>          | <input type="text"/> | <input type="text"/> |
| City                          | State                | Zipcode              |
| <input type="text"/>          |                      |                      |
| Phone                         |                      | <input type="text"/> |
| <input type="text"/>          |                      | <input type="text"/> |
| Expected Graduation Date/Year |                      | Grade Point Average  |
| <input type="text"/>          |                      | <input type="text"/> |

Indicate your primary interests:

- Foreign Affairs
- International Business
- Multicultural Relations

If you have any questions please contact

school official .

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about this program (check one):

- School Official
- Other, please specify:

**Please Have your Guidance Counselor or Principal sign below to indicate that you are a student in good standing and approve your participation in this program**

"I certify that the student completing this application is a student enrolled in the school indicated and that this student is in good academic standing"

|                                       |                      |
|---------------------------------------|----------------------|
| <input type="text"/>                  |                      |
| School Official's Name (please print) |                      |
| <input type="text"/>                  | <input type="text"/> |
| School Official's Signature           | Date                 |
| <input type="text"/>                  |                      |
| Official's Title/Position             |                      |
| <input type="text"/>                  |                      |

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Student Signature

Date

**Student Applicant Must Complete Essay On Next Page**



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DATE: \_\_\_\_\_

Please briefly answer the following questions in 250 words or less

What are your thoughts on the importance of being a global citizen?

What do you hope to learn through the LIFE Program?