

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 as a <u>Word doc</u> with the Higher Education Institution's name, candidate's name and surname. Examples: UCR_John Smith, UFLA_Joao Silva.
- In case you are sending images 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.
- Type N/A for questions that are non-applicable.
- Please <u>delete the instruction</u> information when saving the file with your data.

APPLICATION FORM: WINTER 2024 STUDY OF THE U.S. INSTITUTE FOR STUDENT LEADERS ON ENTREPRENEURSHIP AND ECONOMIC DEVELOPMENT

SECTION A: candidate information

1. Applicant's full name: (*exactly as they appear in passport*)

Surname (last name):

Middle name:

First name:

Gender:

□ Female

□ Male

 \Box Non-binary

□ Other: _____

Date of Birth: (month/day/year - please spell the month, e.g.: February 15, 1986)

City and State of Birth: Country of Birth: Country of Residence Primary Citizenship: Secondary Citizenship (if applicable):

2. Contact information: (please write the name of the street in Portuguese)

Address:	
City:	State:
Postal Code:	Country:
Phone number (<i>country code</i> + <i>DDD</i>):	
Cell Phone (<i>country code</i> + <i>DDD</i>):	
E-mail:	

3. Medical, Physical, Dietary or other Personal Considerations: This will not affect selection but will enable the host institution to make any necessary accommodations.

Please indicate if the candidate has a disability:

□ None

- □ Blind or Visual Impairments
- □ Deaf or Hearing Impairments
- □ Learning Disability
- □ Physical Disability
- □ Psychiatric Disability
- □ Systemic Disability
- □ Other: _____
- 4. Please describe any pre-existing medical conditions, prescription medication, dietary restrictions, or personal considerations for the candidate.
- 5. Previous Experience in the United States. Please list all trips to the United States and provide dates/duration, purpose of visit(s), and location(s)). *Examples: July 4-14, 2019 Tourism to Washington, D.C.; December 1-15, 2018 Short Term Study Abroad to NYC).*
- 6. Family residing in the United States (if applicable). Please list any immediate family members who are currently residing in the United States. Include name, relationship to candidate, city, and state. (*Example: Jane Doe, sister, Denver, CO*).

SECTION B: Background

1. Academic Course, Institutions: Course/ Major / field of study: Higher Education Institution: Department: Year/semester in school:

Expected year/semester of graduation date:

- 2. Work history. Please include employer, position, dates, and location. (*Example: Dept. of Labor, Analyst, 2013-2016, Washington, D.C USA*)
- 3. Volunteer Experience. Please include organization, dates, and location.
- 4. Memberships in Associations, Clubs, etc. Please include organization, dates, and location.
- **5.** Candidate Personal Statement: As part of the SUSI application process, candidates should submit a personal statement about their background and goals. In up to 500 words, the candidate should address the following questions and any other pertinent information:
 - What about your background and/or interests makes you competitive for the SUSI exchange program?
 - What will you contribute to the program?
 - *How do you expect your participation in the SUSI exchange program affect your local community or, region/country?*
 - How will the SUSI exchange affect you personally or professionally?

6. SECTION C: Documents

Please attach:

- Your most recent University Transcript or academic records (in Portuguese)
- Evidence of Fluency in English (TOEFL, TELP or other certificates, if available in English)
- Reference letter from a professor, supervisor, or employer (in English)