**A picture containing window, building

Description automatically generated**

**APPLICATION for the US Institute For European Student Leaders**

**On Environmental issues**

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| **1. SURNAME (LAST NAME):**  Click or tap here to enter text. | | **GIVEN NAME (FIRST NAME)**:  Click or tap here to enter text. | | |
| **2. GENDER:** | | **Male  Female  Non-binary** | | |
| **3. DATE OF BIRTH (MM/DD/YYYY):** | | Click or tap to enter a date. | | |
| **4. CITY OF BIRTH:** | | Click or tap here to enter text. | | |
| **5. COUNTRY OF BIRTH:** | | Click or tap here to enter text. | | |
| **6. COUNTRY OF PRIMARY CITIZENSHIP:** | | Click or tap here to enter text. | | |
| **7. COUNTRY OF LEGAL RESIDENCE:** | | Click or tap here to enter text. | | |
| **8. SECONDARY CITIZENSHIP (IF APPLICABLE)** | | Click or tap here to enter text. | | |
| **9. HOME ADDRESS:** | **Street/Building Number:** Click or tap here to enter text.  **City:** Click or tap here to enter text.  **Postal Index:** Click or tap here to enter text.  **Country:** Click or tap here to enter text. | | |
| **10. TELEPHONE:** | **Telephone**: Click or tap here to enter text.  **Mobile phone**: Click or tap here to enter text. | | |
| **11. EMAIL ADDRESS:** | **If yes, please specify in the box below** | | |
| **12. HEALTH AND DISABILITY** | **None**  **Blind or Visual Impairments**  **Deaf or Hearing Impairments**  **Learning Disability**  **Physical Disability**  **Psychiatric Disability**  **Systemic Disability**  **Other**  Click or tap here to enter text. | | |
| **13**. **Please describe any pre-existing medical conditions, prescription medication, dietary restrictions, or personal considerations for the candidate.** | Click or tap here to enter text. | | |
| **14. Have you ever traveled to the United States?** | **Yes    No** | | | |
| **14b. If yes, please specify below (From (mm/dd/yyyy)To (mm/dd/yyyy). Areas visited and what was the purpose of your visit?).** | Click or tap here to enter text. | | | |
| **15.Do you have family residing in the United States?** | **Yes    No** | | | |
| **15b. If yes, please specify** | **Relationship:** Click or tap here to enter text.  **City and State:** Click or tap here to enter text. | | | |
| **16. YEAR IN SCHOOL:** | **First year university**  **Second year university** | | | |
| **17. EXPECTED YEAR OF GRADUATION:** | **2023**  **2024**  **Other**  Click or tap here to enter text. | | | |
| **18. MAJOR/FIELD OF STUDY:** | Click or tap here to enter text. | | |
| **19. HOME INSTITUTION** | | | Click or tap here to enter text. | |

**20. WORK HISTORY: Please include employer, position, dates, and location.**

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| --- |
| Click or tap here to enter text. |

**21. VOLUNTEER EXPERIENCE: Please include organization, dates, and location.**

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| Click or tap here to enter text. |

**22. MEMBERSHIPS IN ASSOCIATIONS, CLUBS, ETC.: Please list your membership in associations or clubs, including leadership positions (please include dates).**

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| Click or tap here to enter text. |

**23. PERSONAL STATEMENT:** The essay should be **written in English,** no more than 500 words.

Please 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?

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| **24. OCCUPATION OF PARENTS** | **Mother:** Click or tap here to enter text.  **Father:** Click or tap here to enter text. |

**25. Please rank your English language proficiency in the following areas:**

Speaking: Fair Good Excellent

Reading: Fair Good Excellent

Writing: Fair Good Excellent

**26. DATA INQUIRY: How did you hear about this program? Please specify in the box below:**

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| --- |
| **Fulbright Commission  School  Friend  Social media  Other:** |

**27. Applicant´s signature:**

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**PLEASE REMEMBER TO SUBMIT YOUR APPLICATION AND TRANSCRIPTS**

**BY 20th of December 2021.**

**ALSO MAKE SURE THAT YOUR REFERENCES ARE SUBMITTED BY THIS DEADLINE.**

Please submit **one copy of the application electronically** to [adviser@fulbright.is](mailto:adviser@fulbright.is) **and one paper copy** to the Fulbright Commission, Hverfisgata 105, 101 Reykjavik. Please type as the subject to the e-mail: *Summer Institute application*. The electronic application must be submitted by midnight on the 20th of December. Paper copies that are not received the Fulbright Commission by the deadline must be either posted before the deadline or handed in to the Commission before 16:00 on the 21st of December.

**Accompanying documents which must be submitted with the application:**

* Copy of most recent school transcripts

**REFERENCES:** **2 references must be submitted**. Please supply those who provide references with the appropriate reference forms or direct them to the form on the Fulbright website:[**http://www.fulbright.is/namsmenn\_til\_bandarikjanna/summer institute/**](http://www.fulbright.is/namsmenn_til_bandarikjanna/summer%20institute/)**.**

**Please note that references are confidential and should not be seen by the applicant. References should be sent electronically by the evaluator directly to** [**adviser@fulbright.is**](mailto:adviser@fulbright.is) **no later than 20th of December. References forwarded by the applicant will not be accepted.**