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| **APPLICATION DEADLINE: April 15, 2017**  Please note that this is one of numerous programs of the Professional Fellows Program of the U.S. Department of State.  You are restricted to applying to only ***one*** Professional Fellows Program during the Fall 2017 application.  If it is determined that you have applied to more than one Fellows program during this application period of March 1 – April 15, 2017, your application will be deemed ineligible and your name will be removed from consideration. | | | | | | | | | | | | | | | | |
| **1. Full name** (exactly as it would appear on your passport): | | | | Family Name:  First Name:  Middle Name: | | | | | | | | | | | | |
| **2.** Do you prefer we use your work or personal email to communicate with you? | | | | | | | Work email  Personal email | | | | | | | | | |
| Work Email: | | | | | | | | Personal Email: | | | | | | | | |
| **Do you have a passport?** If so, please attach a scan of the information page which includes your name and personal information. | | | | | | | | | | | | | | | | |
| **Passport type:** 🞏 Official 🞏 Personal  **Passport number:**  **Country of issue:**  **Date of issue** (YYYY/MM/DD):  **Expiration date** ( YYYY/MM/DD): | | | | | | | | | | | | | | | | |
| **3. Gender:**  Male  Female | | | **4. Date of birth** (please use the format of day/month/year; example: 30/01/1990): | | | | | | | | | | | **5. Age** (eligibility is between the ages of 25-35 ONLY)**:** | | |
| **6. City, Province, and Country of birth:** | | | | | | | | | | | **7. Citizenship** | | | | | |
| Home address: | | | | | | | | | | | City: | | | | | |
| Province: | | | | | | | | | | | Country: | | | | | |
| Home telephone (including country/city code): | | | | | | | | | | | Mobile phone (including country/city code): | | | | | |
| **8. The U.S. government and the Maureen and Mike Mansfield Center do not discriminate against applicants because of race, color, religion, sex, age, national origin, disability, or any other protected characteristic as established by U.S. law.**  **If selected to participate in the program, would you require any assistance or accommodation due to a disability or need?** 🞏 Yes 🞏 No  **If you answered YES to the question above, please provide more details so that we may best accommodate your needs should you be selected:** | | | | | | | | | | | | | | | | |
| **9. The Young Southeast Asian Leaders Initiative is organized around four thematic areas. Please select ONE thematic area that matches your current work and professional goals:**  🞏 Civic Engagement 🞏 Economic Empowerment 🞏 Education 🞏Environmental Sustainability | | | | | | | | | | | | | | | | |
| **10. Are you currently employed?** 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | |
| If yes, do you work:🞏 Full-time 🞏 Part-time | | | | | | | | | | | | | | | | |
| Job Title: | | | | | | | | | | Name of employing organization: | | | | | | |
| Start date at this employer(MM/YYYY): | | | | | | | | | | Number of staff you supervise: | | | | | | |
| Name of your supervisor: | | | | | | | | | | Supervisor email: | | | | | | |
| Work address: | | | | | | | | | | City: | | | | | | |
| Province: | | | | | | | | | | Country: | | | | | | |
| Please list a business web address if you have one: | | | | | | | | | | | | | | | | |
| Work telephone (including country/city code): | | | | | | | | | | | | | | | | |
| **11.**  **Check the category that best describes your organization:**  🞏 National government 🞏 Local or regional government 🞏 Local non-governmental organization  🞏 International non-governmental organization 🞏 Multilateral organization (ex. UN) 🞏Media outlet  🞏 Local or national business 🞏 International business 🞏 Educational institution | | | | | | | | | | | | | | | | |
| **12. Choose the category that best describes the location of your organization:**   * National Capital * Other major city * Rural/small city | | | | | | | | | | | | | | | | |
| **13. Please describe your work and how it relates to the goals of this program.** | | | | | | | | | | | | | | | | |
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| **14. Past work experience:** | | | | | | | | | | | | | | | | |
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| **15. Educational Background.**  Please specify degrees and training, major or field of training, and year degree or certificate completed. | | | | | | | | | | | | | | | | |
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| **16. Volunteer experience and memberships in associations or clubs.** Please describe your current volunteer activities, including type of activity, organization affiliation, and general time commitment.  Please also describe any recent positions of responsibility held with volunteer organizations. | | | | | | | | | | | | | | | | |
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| **17. Have you traveled to the United States before?** 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | |
| **If yes, have you ever overstayed the dates allowed by your visa**? 🞏 Yes 🞏 No  **If yes, please provide information regarding your past travel to the United States.** This should include any travel to the U.S. for school, training, business, or personal travel. Please provide dates, reason for travel, and the type of visa you traveled on. If you have travel planned, but have not yet traveled, please provide that information as well. Please provide the source of funding for your trip. For example, if you traveled to the U.S. for school, who funded your schooling? | | | | | | | | | | | | | | | | |
| **Date of Entry to U.S.** | **Date of Exit from U.S.** | | | | **U.S. Visa Type (J, F, B, etc.)** | | | | **Host Institution (if applicable)** | | | | **Purpose of Travel (study, personal, business, etc.)** | | **Funding Source or Sponsor (personal, U.S. government, etc.)** | |
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| **18. Family residing in the US** (please list names, relationship to you, and visa category, if known): | | | | | | | | | | | | | | | | |
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| **19. Prior travel outside your home country in the past 5 years** (other than the US): | | | | | | | | | | | | | | | | |
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| **20. Are you a U.S. permanent resident or hold a green card?** 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | |
| **21. Please provide an accurate assessment of your English language proficiency.** High-level proficiency in English is required for this program. Mark an “x” in the box that corresponds with your English language skills in the categories below. | | | | | | | | | | | | | | | | |
|  | | ***Reading*** | | | | ***Writing*** | | | | | | ***Speaking*** | | | | ***Listening Comprehension*** |
| ***Native*** | |  | | | |  | | | | | |  | | | |  |
| ***Excellent*** | |  | | | |  | | | | | |  | | | |  |
| ***Good*** | |  | | | |  | | | | | |  | | | |  |
| ***Fair*** | |  | | | |  | | | | | |  | | | |  |
| ***Poor*** | |  | | | |  | | | | | |  | | | |  |
| **22. Please describe any professional or personal duties or activities that you currently conduct in English.** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **23. Do you speak any other languages?** (If so, please indicate fluency) | | | | | | | | | | | | | | | | |
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| **24. Please write a short biographic paragraph that would be used in program materials to tell others about you, should you be chosen for the program.** This paragraph should include a short summary of your professional work, educational background, family, and personal interests. It should tell people about who you are and what is important to know about you. This paragraph would be read by program officials, your fellowship host, and others interested in learning about the program. | | | | | | | | | | | | | | | | |
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| **25. Please explain how you have helped to introduce a new idea, initiative, or product at your organization or company, and how you attracted support for it.** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **26. Please describe a specific challenge in your community, organization, industry, or country. Include what you believe to be the key barriers to resolving this challenge.** | | | | | | | | | | | | | | | | |
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| **27. Taking the challenge you described above, please describe the steps you would like to take to address this challenge. Please explain the skills and resources that you possess as well as those that you would need to acquire in order to effectively address this challenge.** | | | | | | | | | | | | | | | | |
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| **28. How would participating in this program impact your community and enhance your long term career goals?** | | | | | | | | | | | | | | | | |
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| **29. Please tell us if you have discussed this program with your supervisor or colleagues, and if your organization has agreed to your participation in the program and your absence for the five-week length of the program in the U.S.** | | | | | | | | | | | | | | | | |
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| **30.**  **Part of this program may require you to host a U.S. participant in your organization for 10-15 days.** Not every Asian Fellow will be asked to do this, as there will be 32 Asian Fellows and only 10-14 American Fellows. However, please state whether your business or organization would agree to host a U.S. participant in your field. There is no financial support required by your organization, as all expenses would be paid for by the program. The U.S. Fellow would potentially travel to Asia in August 2017 or January 2018, so please note whether this would be an acceptable time for your organization to host an American expert. | | | | | | | | | | | | | | | | |
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| **31. If you are chosen for this program, you would travel to the US from approximately October 12 – November 18, 2017. (While these dates are expected, they are not definite.)**  Please note whether you are available to travel in this time frame. | | | | | | | | | | | | | | | | |
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| **32. If you are chosen for this program, you will be placed in a fellowship for 4 weeks with a non-profit organization or similar organization to yours in Montana.** Please describe the type of organization you would like to be placed with to meet your professional goals. This is very important to help us understand the work that you do, the work you would like to learn about, and your specific motivation for joining this fellowship program. We suggest that you do some internet research on organizations in the city of Missoula and make specific suggestions to strengthen your application. | | | | | | | | | | | | | | | | |
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| **33. I wish to join the YSEALI Network to access virtual resources and networking opportunities for young Southeast Asian leaders.** 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | |
| **34. How did you learn about the YSEALI Professional Fellows Program?** (Check all that apply)  🞏 U.S. Embassy 🞏 U.S. State Department website 🞏 Internet search 🞏 Professional listserv or newsletter  🞏 Local press (TV, radio, newspaper) 🞏 Social media site (Facebook, Twitter, etc.)  🞏 Recommendation by a colleague/partner organization (name of colleague/organization):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |

**Validating Application**

I certify that the information given in this application and all attached materials is complete and accurate to the best of my knowledge.  In signing this application I certify that I am not an employee, spouse, or a dependent of an employee of (Program Agency) or the U.S. Department of State.  I understand that in addition to the selection process outlined in this application, the final decision of my application and my status as a YSEALI Professional Fellow is contingent upon program funding, on the ability of (Program Agency) to place me at an appropriate U.S. organization, and on my ability to receive and maintain a J-1 visa to the United States.  If selected as a YSEALI Professional Fellow finalist, I agree to abide by the stipulations of the J-1 visa requirements, and by all program regulations, and to return to my home country for a minimum of two years upon completion of the YSEALI Professional Fellows Program.

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**Signature                                                                                Date**