

Please SAVE this BLANK form to your computer before completing this document.

	<p align="center"><b>USA IFYE-United Soybean Board APPLICATION</b></p> <p align="center"><i>For further information, see <a href="https://ifyeusa.org">https://ifyeusa.org</a> and click on Foreign Exchange Program.</i></p>	
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*NOTE: Upon acceptance of this IFYE-USB application, Alan Lambert,  
IFYE National Program Director, ([alanelambert@ifyeusa.org](mailto:alanelambert@ifyeusa.org)) will contact you  
with further details and a request for further information.*

**Dates for Program for which applying: June 17 - September 10, 2021**

**Upon completing and saving this application, submit with all other requested items (photo, references, résumé, etc.) Please print/type. If more space is needed, create a supplemental document to continue and submit.**

Please list the contact information of the representative from your state soybean organization who has recommended you for this 2021 IFYE-USB program.

Name of Soybean Representative	Area Code/Phone
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**PERSONAL DATA:**

Are you a USA Citizen?

YES

NO

Full Name:

Sex (M/F):

(First)

(Middle)

(Last)

(As it appears on your government ID)

**Preferred First Name:**

**Age:**

**Birthdate:**

**Permanent Address:**

Street:

**Current Address: (If different)**

Street:

City/State:

Zip:

City/State:

Zip:

Area Code/Phone:

Area Code/Phone:

Cell:

Last date at this address (mm/dd/yyyy):

Email address:

**Emergency Contact:**

**Relationship:**

**Phones: (H)**

**(C)**

**(W)**

**Family:**

Father's Name:

Mother's Name:

Occupation:

Occupation:

Street:

Street:

City/State:

Zip:

City/State:

Zip:

Phones: (H)

Phones: (H)

(C)

(C)

(W)

(W)

Email address:

Email address:

**Siblings:**

Number of Brothers:

Age(s) of Brother(s):

Number of Sisters:

Age(s) of Sister(s) :

**HOST FAMILY INFORMATION:** Has your family hosted an international participant?      YES                      NO

Country	Name of Program	Year

**EDUCATION:** Indicate the highest year you will have completed by the date you will be available for participation.

**Secondary:**      List highest grade completed                      Date of completion (mm/yyyy)

**Post-Secondary:**

Name of School	Last Date attended	Degree(s) Received	Date(s) Received

**WORK EXPERIENCE:** Currently working? BRIEFLY Explain

**LANGUAGE ABILITY:**

*Other than English*) Please indicate: Excellent - Good - Fair - Poor - None

Language	Reading	Writing	Speaking	Comprehension	Years Study	Spoken at Home

Are you willing to study a language?      YES                      NO

**TRAVEL EXPERIENCE OUTSIDE THE USA**

Country(ies)	Length of Stay	Dates	Purpose ( <i>tourist, exchange student, other</i> )

**LIST other international activities** in which you and your family have been involved (i.e. Cultural activities or host family experiences.)

**List interests/experiences** in areas such as: agriculture, agribusiness, water quality, ecology, forestry, and/or life and consumer science areas, etc. **Explain** the areas in which you have been involved, the extent and years of involvement.

**LEADERSHIP & RELATED EXPERIENCES:**

*(include your experiences in 4-H, church, school, university, other)*

Organization	Years of Membership	Leadership/Other Responsibilities

**What are your long-range goals?**

**LEISURE INTERESTS: (List)**

**SPECIAL STUDY INTEREST:** While abroad, you should continue to focus on your career interests, in addition to the cultural aspects of the exchange. Please describe your interest(s) (e.g., agriculture, economics, politics, environment, nutrition) – giving specific details.

**SMOKING/VAPING:**

Do you use tobacco/vaping in any form?	YES	NO
If yes, please explain:		

Can you be placed with a smoking family?	YES	NO
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**DIETARY RESTRICTIONS/ALLERGIES:**

Do you have any dietary restrictions or other allergies?	YES	NO
If yes, please list/explain.		

**RELIGION:** (For information of host. If Protestant, give denomination.)

**GENERAL INFORMATION:**

Other information helpful in your placement with a program (Include special interests or medical considerations.)

**COUNTRY PREFERENCES: 2021 Host Country Partners are:**

Germany

Poland

Taiwan

Thailand

**CHOICE**

**COUNTRY**

**CHOICE**

**COUNTRY**

1

3

2

4

**NOTE: Final placement will be determined with input from the IFYE applicant, the IFYE National Program Director, a representative from your state soybean association, the United Soybean Board, and the Host Country Coordinator.**

**2021 PROGRAM FEE: \$3,000**

- The \$3,000 program fee will be paid as part of the United Soybean Board grant to IFYE to implement this leadership development experience.

**I CERTIFY** that all information on this application is true and complete to the best of my knowledge. I understand the purposes and objectives of the IFYE program and agree to participate within the framework of the program for which I am accepted.

*NOTE: If submitting electronically, a typed signature will be acceptable.*

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Applicant's Signature

Date (mm/dd/yyyy)

**UPON COMPLETION, PLEASE SAVE THIS APPLICATION TO YOUR COMPUTER.**

**UPLOAD THE COMPLETED APPLICATION to C-1 at**

**<https://ifyeusa.org/foreign-exchange-program/become-participant.html>**