

**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 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 delete the instruction information when saving the file with your data.**

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**Application Form: Winter 2023 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 or national identity document)*

**Surname:**

**Middle name:**

**First name:**

**Gender:**

Female

Male

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):

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

Address:   
City: State:   
Postal Code: Country:

Phone number *(country code + DDD):*

Cell Phone *(country code + DDD):*

E-mail:

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please describe any pre-existing medical conditions, prescription medication, dietary restrictions, or personal considerations for the candidate.**
2. **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).*
3. **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:   
Higher Education Institution:

Department:

Year/semester in school:

Expected year/semester of graduation date:

1. **Work history.** Please include employer, position, dates, and location.
2. **Volunteer Experience.** Please include organization, dates, and location.
3. **Memberships in Associations, Clubs, etc.** Please include organization, dates, and location.
4. **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?*

1. **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)
* Reference letter from a professor, supervisor, or employer