



Student Application Form

(Please Print Or Type)

Name: _____

Address: _____

Home phone: _____

Email address: _____

School: _____ Grade: _____

Gender: _____ Male _____ Female

Date of birth (day/month/year): _____

In what type of hobbies, athletics, clubs, or service projects do you participate?:

IMPORTANT

In order to be considered for the Institute, you must return:

Two letters of recommendation from:

- a. your teacher, counselor, principal, or Friendship Force member.
- b. high school English teacher describing your level of oral comprehension and spoken communication. The entire program is conducted in English. Students from countries where English is the first language are exempt from completing this second recommendation.

A one-page personal statement explaining:

- a. your reasons for wanting to participate,
- b. what you will contribute to the Institute,
- c. what you hope to gain from the experience.

Send application, personal statement, and letters of recommendation to:

Thomas Forsgren
Coordinator for International Education
1912 Grand Ave.
Des Moines, IA 50309-3382
Phone: (515) 242-7888 FAX: (515) 242-8252
Email: gyidsm@mac.com

This letter of application must be postmarked or faxed no later than **January 15, 2010**