



Student Application Form

(Please Print Or Type)

Name: _____

Address: _____

Home phone: _____

Email address: _____

School: _____ Grade: _____

Gender: _____ Male _____ Female

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

Academic Grade Point Average: _____

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

IMPORTANT

In order to be considered for the Institute, you must include

Two references that we may contact:

a teacher, counselor, principal, or non-relative adult.

a. Name: _____

Phone number: _____

b. Name: _____

Phone number: _____

A one-page personal statement explaining

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

Return this application and personal statement 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 **November 10, 2009.**