


Application Form

Participants interested in applying for this program should answer the questionnaire below in English and return it, along with the required documentation, no later than March 23.

Applications can be submitted at the office where this form was found, at any branch of the Centro Cultural Nicaraguense-Norteamericano, the American Corner at the Banco Central, the Partners of the Americas – Wisconsin office in Managua: Compañeros de las Americas BAVINIC 1c al lago, 1c abajo 20 vrs al lago, Batahola Norte, or at the U.S. Embassy in Managua, km 4 ½ Carretera Sur. Please call 268-7586 or 265-3058 for further information.



Attach here a color
photo taken within the
last year

Important:

Eligible candidates must meet all of the following pre-requisites and present the partner institution with all required documentation in order to be considered eligible to participate in the selection process:

- 15-18 years old;
- Public high school student;
- Good written and oral skills in English language;
- No previous travels abroad;
- Strong leadership skills;
- Good grades in school;
- Demonstrated economic hardship
- Strong commitment/involvement in social responsibility/volunteer projects

Required Documentation:

- A copy of your identity card or birth certificate;
- A signed permission slip from your school principal to miss classes for two weeks without an effect on your overall grades;
- A copy of your school registration for 2006;
- A copy of your school record for 2006;
- A copy of your English language school record for 2006;
- A copy of the earning statements from both parents and/or your legal tutor;
- A copy of your residence's most recent electricity bill;
- A letter of recommendation from one of your teachers or the school principal;
- A letter of recommendation from your parents or legal tutors;
- A letter of recommendation from the social project(s) in which you are engaged.

Personal Information:

Complete Name: _____

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

Complete home address (also include zip code, city and state):

Home phone: () _____ Cell phone: () _____

E-mail: _____

Previous travels abroad:

- To the U.S.: No () Yes () Where/When? _____

- To other countries: No () Yes () Where/When? _____

Medical restrictions (if positive, please specify and inform type of medication used):

Family Information:

Parents:: Married () Separated () Deceased: Mother () Father ()

Family size: Number of Brothers: _____

Number of Sisters: _____

Number of family members living with you in the same house: _____

Who do you live with: Parents () Mother () Father () Other (specify): _____

Father's name: _____

Father's occupation: _____

Father's employer (name of organization): _____

Father's salary (attach a copy of earning statement): _____

Father's level of education: Primary () Secondary () University () Graduate studies ()

Father's home address: _____

Father's home phone: () _____ Office phone: () _____

Cell phone: () _____

Mother's name: _____

Mother's occupation: _____

Mother's employer (name of organization): _____

Mother's salary (attach a copy of earning statement): _____

Mother's level of education: Primary () Secondary () University () Graduate studies ()

Mother's home address: _____

Mother's home phone: () _____ Office phone: () _____

Cell phone: () _____

Educational Data:

Name and complete address of the school where you study (city):

Current grade at regular school (attach a copy of your school record for 2006):

Do you study English in a language school? If so, please provide name and address of school (attach a copy of your school record for 2006):

Volunteer/Social Initiative:

List name(s) of organization(s), type(s) of social work/volunteerism initiatives you are engaged in and number of years you have been involved in each of the activities. Also, briefly describe the work that you do, how often you participate in these activities and how many people benefit from this initiative. (Attach a letter of recommendation from the director of the organization(s) you volunteer at):

Your interest in the Youth Ambassadors' Program:

How did you learn about the program and why do you want to become a Youth Ambassador?

Date (month/day/year) _____ City/State: _____

Candidate's signature: _____

Signature of representative from partner institution who received the application: _____
