

**INTERNATIONAL FELLOWSHIP PROGRAM APPLICATION**

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the information required, your application many not be accepted. If you have no information to enter in a section, please write N/A.

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| **Applicant Information** |
| **Name (First, MI, Last):**  |
| **Date of birth:**  |
| **City and country of birth:**  |
| **Citizenship(s):**  |
| **Gender:**  **Female Male** |
|  |
| **Home phone:**  |
| **Cellphone:**  |
| **Email address:**  |
| **Have you ever applied for the International Fellowship program at Anderson Center International (ACI) before?****Yes No** **If yes, when?** |

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| **How did you hear about the International Fellowship Program at ACI?** |
|  |  |  |  | **Education** |  |  |
| **College** |  | **Address** |  | **Years Completed** | **Major** | **Degree** |
|  |  |  |  |  |  |  |
|  |
| **Work Experience *(List Most Current employment first)*** |
| **Company** |  | **Address** |  | **Name of****Supervisor** | **Start-End****Date** | **Job title** |
|  |  |  |  |  |  |  |
| **Have you ever had an unpaid/ intern experience in Human Services?****Yes No** |

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| **If yes, please explain your responsibilities.** |
| **Emergency contact person** |
| **Full name:**  |
| **Relationship: Mother**  |
| **Address:**  |
| **Phone:**  |
| **Email address:**  |
|  **Driver’s Certification** |
| **Do you have a license to drive a car? Yes No** |
|  |
| **Background Screening** |
| **Have you ever been convicted of a crime? Yes No**  |

|  |  |  |
| --- | --- | --- |
| **If yes, please provide details** |  |  |
| **Do you have any criminal charges currently pending? Yes No** **If yes, please provide details** |
| ***I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be******rejected.*** |
| **Signature**  |  | **Date**  |

