



GEORGE WASHINGTON  
*School of English*

## 2016 EXPLORE USA LGBTQI EDITION

### APPLICATION FORM

**IMPORTANT NOTE:** This application form has to be completed as a word document. Handwritten or faxed forms will not be accepted. You can then scan all required documents and send them by e-mail in a single pdf document to: [info@exploreusalgbt.org](mailto:info@exploreusalgbt.org)

**DEADLINE:** Tuesday, May 31, 2016 – 6 pm

**AGE RANGE:** 18 - 25

#### STUDENT INFORMATION

Name

*(Exactly as it appears in your passport)*

Home address

City

ZIP Code

Email

Home Phone

Cell Phone

Date of Birth

Age

*Day / Month / Year*

Female

Male

Place of Birth

Country of Citizenship

*City and Country*

#### SCHOOL/UNIVERSITY INFORMATION

School/University

you currently attend

Course

Address

*Street / City / ZIP Code*

School Telephone

**LANGUAGES**

**English**

Please indicate official certificate indicating English level: \_\_\_\_\_

Please, indicate if you have additional English diplomas such as EOI, TOEFL, IELTS, Cambridge or any other.

**List other languages besides your native language and English**

Language	<input type="text"/>	Number of years studied	<input type="text"/>
Language	<input type="text"/>	Number of years studied	<input type="text"/>

**BACKGROUND INFORMATION**

Have you ever lived and/or studied anywhere outside of your country?

Yes  No

If so, please provide a brief description, including dates and locations:

Please list and comment on any community service and volunteerism projects you are or have been involved in.

Why do you want to participate in the exchange program, and what will you contribute to the program if you are chosen? How will your participation benefit you or your community?

What are your future career plans? Briefly elaborate on your favorite fields of study.

### INTERNATIONAL TRAVEL INFORMATION

*(if you do not have a passport, please begin the application process now)*

Passport Number  Country that issued passport   
Expiration Date

### INFORMATION ON PARENTS OR GUARDIANS

#### Parent / Guardian 1

Name and Surname   
Relation to you   
Address   
*Street / City / ZIP Code*  
Email   
Home Phone  Cell Phone

#### Parent / Guardian 2

Name and Surname   
Relation to you   
Address   
*Street / City / ZIP Code*  
Email   
Home Phone  Cell Phone

### YOUTUBE VIDEO

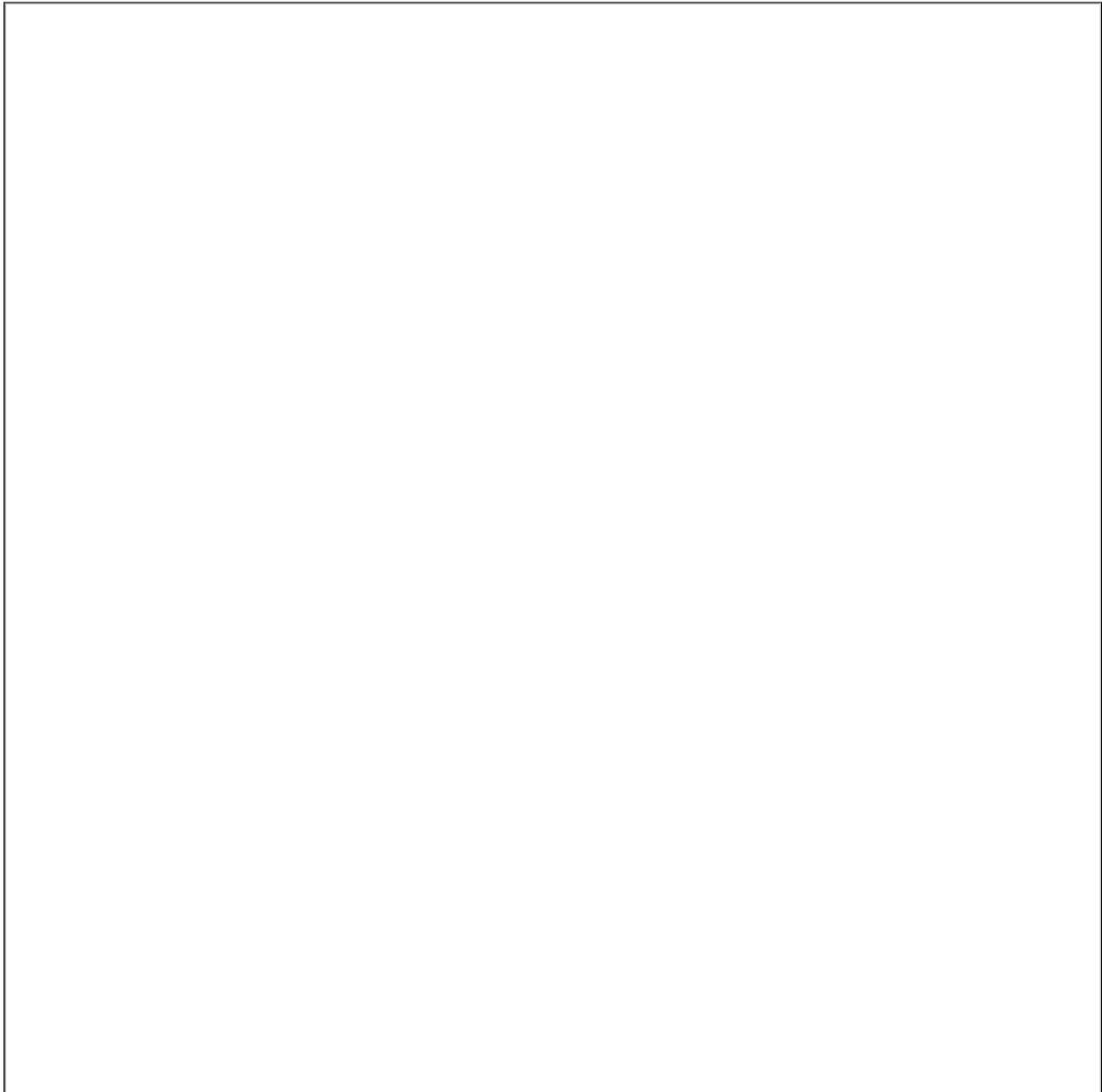
Link to your Youtube video

**When uploading the video to YouTube, please mark it as "Unlisted" or "Oculto".**

## APPLICATION ESSAY

Please respond to the following essay question. Please answer in clear and concise English. Although we will be evaluating your English skills, we are most interested in your ideas. Please limit your statement to a maximum of **500 words**. **Hand written essays will not be accepted.**

***What do you consider can schools and communities do to stop bullying and what do you think you can you do to contribute to raise community awareness?***



## CHECKLIST

To complete your application, make sure you have:

1. Proof of participation in volunteer or community service activities.
2. Link to your YouTube video.

PLEASE SIGN BELOW TO VERIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND TO EXPRESS YOUR AGREEMENT TO PARTICIPATE IN ALL ACTIVITIES OF THE PROGRAM, INCLUDING ANY ACTIVITIES IN YOUR HOME COUNTRY BEFORE AND AFTER THE PROGRAM.

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APPLICANT

## COMPLETE APPLICATIONS MUST BE SENT BY E-MAIL TO:

It Gets Better Spain/George Washington School of English  
Asunto: Beca Embajada EE.UU.  
**info@exploreusalgbt.org**