
World Learning  Bridging cultures. Transforming lives.



**IRAQI YOUNG LEADERS EXCHANGE PROGRAM
U.S. Student Application**

2010



**APPLICATION DEADLINE:
March 1, 2010**

IRAQI YOUNG LEADERS EXCHANGE PROGRAM (IYLEP)

An Exchange Program for American and Iraqi High School Students to the U.S.

**A program of the U.S. Department of State
Bureau of Educational and Cultural Affairs and Office of Public Affairs, U.S. Embassy Baghdad**

Administered in the United States by World Learning in partnership with America's Development Foundation, Orbis Institute, Denver, Colorado; World Affairs Council of Kentucky and Southern Indiana, Louisville, Kentucky; Chicago International Visitors Center, Chicago, Illinois and Montana Center for International Visitors, Bozeman, Montana

July-August, 2010

World Learning invites American High School students from Bozeman, Montana; Chicago, Illinois; Denver, Colorado; and Louisville, Kentucky to apply to participate in the Iraqi Young Leaders Exchange Program.

Program Introduction and Application Instructions:

The **Iraqi Young Leaders Exchange Program**, a four week youth leadership exchange based in the U.S. for twenty-five Iraqi and fifteen American teenagers ages 15-17 and five Iraqi adults. The program aims to develop a cadre of young adults and adult youth mentors in Iraq and the United States who have a strong sense of civic responsibility, a commitment to community development, an awareness of current & global issues, strong interpersonal leadership skills, willingness to foster relationships among youth from different ethnic, religious, and national groups in Iraq, and to promote mutual understanding, respect and collaboration between the United States and Iraq. Students will begin their program in Brattleboro, VT at the SIT Graduate Institute, spend two weeks with host families across the U.S (American participants will spend two weeks in another city other than their hometown) and conclude the final program segment, a civic education week in Washington, DC, which will allow the students to use Washington as an experiential classroom, integrating what they have learned in the previous month with the sights and experiences within the nation's capitol. Iraqi Adult Chaperones will accompany students for the entire four-week program and participate in all activities with American and Iraqi students. Program dates of the exchange are approximately: Exchange 1: July 13-August 8, 2010; Exchange 2: July 24-August 19, 2010. Both American and Iraqi participants will be required to implement follow-on activities upon their return home that will help the participants stay in touch with each other and reflect on their experiences and integrate that learning into their day-to-day lives at home. An important goal of the program is that the student leaders, now empowered, will train other student leaders through student led community oriented service projects.

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The goals of the program are:

- 1) enable the participants to understand civic participation and the rights and responsibilities of citizens in a democracy;
- 2) develop leadership skills among high school students and adult leaders appropriate to their needs;
- 3) foster understanding and build relationships across ethnic, religious, and national groups; and
- 4) promote mutual understanding between the people of Iraq and the United States.

What is covered?

There is no application fee for applicants.

The United States Government, in conjunction with its private partners, will pay for domestic transportation to and from the program, orientations, program and administration fees, site visits and seminars, lodging and meals, some cultural activities, educational materials, and a modest amount of pocket money. Participants will stay in dormitories in Vermont.

The program **does not cover** 1) domestic transportation to and from U.S. airports 2) health or accident insurance 3) any required immunizations 4) expenses involving tips, laundry, telephone calls, postage, gifts, and beverages not customary to part of the meals 5) any expenses related to the application process (copying, mailing, photographs, etc.).

Who is eligible to apply?

Student applicants must.....

- be at least 15 years old and not more than 17 years old at the time of the exchange (birth years between June 30, 1993-June 30,1995);
- have a high school graduation year of 2011 or later;
- have permission from either a parent or legal guardian to participate in the four-week program, approximately to begin in July of 2010; and
- submit a complete application, essays, including photograph and letters of recommendations

What are the criteria for selection?

Students will be evaluated on the following characteristics:

- a demonstrated interest in and commitment to volunteer and civic activities;
- ability to work cooperatively in diverse groups and tolerate the opinions of others;
- leadership potential;
- good social and communication skills;
- good academic performance;

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-
- an energetic, positive attitude;
 - ability to implement projects that benefit the applicant's school and/or community.

If selected...

- Additional information and materials will be provided by WL.

Thank you for your interest in the program and good luck with your applications!

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APPLICATION FORM

IYLEP HIGH SCHOOL STUDENT APPLICATION

Please paste a
passport size
photograph not
older than 3
months and write
your name on the
back

Applications should be e-mailed to:
CIV

APPLICATION DEADLINE: March 1, 2010

THIS APPLICATION FORM IS FREE OF CHARGE AND MAY BE DUPLICATED

To complete your application please submit the following information:

- I. Student Background Information
- II. Short Essays
- III. Long Essays
- IV. Parent/Guardian Information
- V. 2 letters of recommendation from teachers or an adult who is not related to you

Make sure that your name is written on ALL pages of your application.

PART I: STUDENT BACKGROUND INFORMATION

STUDENT INFORMATION

Name _____
 last first nickname

Permanent address _____

Permanent telephone _____

Email _____

Date of birth _____ Age _____ male female
 day/month/year

Place of birth _____ Country of citizenship _____
 city and country

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Where did you first hear about the exchange program? (Please be as specific as possible.)

SCHOOL INFORMATION

School you currently attend _____ School grade _____

Expected graduation date _____

School address _____

Principal's name _____

Have you ever lived and/or studied anywhere outside of the US? Yes / No

If yes, please provide a brief description including dates and location.

LANGUAGES

What is your native language? _____

List other languages you may have.

Language _____ Number of years studied _____

Language _____ Number of years studied _____

Language _____ Number of years studied _____

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PART II: SHORT ESSAYS

Take as much room as you need to write your answers.. If necessary, attach another sheet of paper.

Why do you want to participate in the exchange program, and what skills are you hoping to develop from this program that will help you in the future? What do you hope to learn from Iraqi teenagers?

In which ways can youth be involved in your community? Do you think youth can be leaders? Why or why not?

Please list the clubs, organizations, sports, leisure activities, and community service you are involved in.

What three leadership skills do you think are the most important and why?

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PARTICIPANT AND PARENT/GUARDIAN APPROVAL

I agree that all of the information in this application is true and I agree that if chosen to participate, the applicant will participate in ALL program activities in the United States.

Applicant Signature

Date

Parent/Guardian Signature

Date

**Iraqi Young Leaders Exchange Program (IYLEP) 2010
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CHECKLIST To complete this application, please make sure you have included:

- Student Background information
- Short Essays
- Long Essays
- Parent/Guardian Information
- 2 letters of recommendation
- Photograph

Please make sure that your name is written on ALL pages of your application.

Thank you for taking the time to complete this application. Good luck!

**Iraqi Young Leaders Exchange Program (IYLEP) 2010
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Full legal name: Family name: _____ First: _____ Middle: _____

CONDITIONS OF PARTICIPATION

We, the undersigned, have agreed that the participant set forth below ("Participant") shall participate in the Iraqi Young Leaders Exchange Program (the "Program") offered by World Learning Inc. ("World Learning"). In consideration of World Learning's agreement to permit the Participant to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, we hereby agree to the following Conditions of Participation ("Conditions"):

SERVICES

Program fees cover all scheduled program expenses from the designated Program starting time until the stated conclusion of the Program as follows: (a) local travel costs during the Program (except as otherwise noted below); (b) food and lodging; (c) incidental expenses, such as entrance fees for a limited number of scheduled group activities; (d) orientation and, if applicable, language training; (e) costs related to the group leader; and (f) administrative costs.

Program fees do not cover other Participant expenses including (but not limited to): (a) food and lodging prior to the designated Program starting time or after the stated conclusion of the Program; (b) any additional costs for alternate transportation requested by the Participant that differs from that scheduled by World Learning as an element of the Program; (c) any additional transportation costs involved in traveling to or returning from any optional travel/activities; (d) baggage insurance; (e) any required or recommended immunizations; (f) expenses involving tips, laundry, telephone calls, postage, gifts, and beverages not a customary part of meals; (g) health insurance.

World Learning reserves the right to dismiss from any Program any Participant whose conduct (including but not limited to the use of drugs, unacceptable sexual behavior, or inappropriate drinking): (a) violates the terms of the **[Participant Behavioral Contract]**; (b) is considered improper or offensive to the host community; (c) is likely to be detrimental to the physical or mental health or safety of the Participant or other members of the Program; or (d) demonstrates that the individual is not capable, or is unwilling, to participate fully in a cross cultural environment. A Participant who leaves the scheduled Program at any time without express written permission from the Program Director may not return to the Program and shall be automatically dismissed. Because of the danger involved, driving motor vehicles, riding in noncommercial airplanes, or hitchhiking while participating in a Program is prohibited, and Participants will be dismissed for such actions.

TRAVEL ARRANGEMENTS

Participants traveling independently before or after the Program may not expect the assistance of group leaders or World Learning offices. No independent travel during the Program is permitted without the express consent of World Learning and, if the Participant is under 18, the written consent of his or her parents or guardian. Travel expenses arising from premature return home either alone or accompanied, must be borne by the Participant.

Full legal name: Family name: _____ First: _____ Middle: _____

AIR TRANSPORTATION

Each Participant is solely responsible for any missed connections due to his or her failure to assemble in a timely manner, and World Learning will be in no way liable for the cost of alternate transportation or for any consequential losses resulting from the Participant's failure to use designated transportation.

PUBLICITY

I understand that future World Learning publicity materials may include statements made by Participants and their parents or their photographs and film or video images and voices, and I consent to such use of any comments, photographic likenesses, and film or video images and voices in any medium.

RELEASE AND INDEMNIFICATION

In signing this form, the Participant and his or her parents/guardians, individually and on behalf of their heirs, successors, assigns and personal representatives, hereby release and forever discharge World Learning, its employees, agents, officers, trustees and representatives (in their official and individual capacities)(the "WL Representatives") from any and all liability whatsoever for any and all damages, losses or injuries (including death) Participant sustains to Participant's person or property or both ("Losses"), including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney's fees, which arise out of, result from, occur during or are connected in any manner with Participant's participation in the Program, any related or independent travel, any activities or excursions, irrespective of whether they are sponsored, supervised or controlled by World Learning, except for such Losses as may be caused by the gross negligence or willful misconduct of the WL Representatives. Participant and his or her parents/guardians also agree to indemnify and hold harmless the WL Representatives from and against any Losses.

PERMISSION FOR EMERGENCY TREATMENT

On rare occasions, a medical emergency arises when World Learning is unable to communicate with parents/guardians. Hospital treatment and/or surgery may be required. In most cases, administration of an anesthetic, treatment of an injury, or operation upon an individual cannot be performed without the consent of the patient or, in the case of a minor, without the consent of the parent or guardian. To avoid delaying any procedure necessary to safeguard the health of Participant, we hereby grant permission to World Learning to authorize medical treatment; administration of antibiotics, immunizations, anesthesia, and other medications; transfusions of blood products; and hospitalization and provision of medical treatment for Participant. We further agree to indemnify and hold harmless the World Learning Representatives from and against Losses relating to the emergency treatment of Participant.

HEALTH CLEARANCE

Participation is contingent upon the World Learning Health Center's review of Participant's completed medical forms. Failure to disclose complete and accurate information on the medical form can result in dismissal from the program.

Full legal name: Family name: _____ First: _____ Middle: _____

GENERAL

These Conditions represent the complete understanding with World Learning concerning World Learning's responsibility and liability for Participant's participation in the Program. Should any provision or aspect of these Conditions be found unenforceable, all remaining provisions of the Conditions will remain in full force and effect. Should there be any dispute concerning Participant's participation in the Program that would require the adjudication of a court of law, such dispute or lawsuit must be filed only in a court in Windham County, Vermont or in the United States District Court for the District of Vermont, to the exclusion of any other court or jurisdiction. These Conditions shall be governed by the laws of the State of Vermont (without regard to its conflicts of laws rules). These Conditions supersede any previous or contemporaneous understandings with World Learning, whether written or oral, and cannot be changed or amended except in writing and signed by an authorized officer or agent of World Learning.

Handwritten notes or changes to this document will have no legal effect or force.

We have shared the above information with those other parties responsible for payment or with related interest and understand that, before signing these Conditions, we have the right to consult with the advisor, counselor, or attorney of our choice.

Participant's Name (Please Print):

Participant's Signature:

_____ Date: _____

Signature of Parent/Guardian of above listed student Date: _____

Please make a copy of this Agreement and keep with your records.

Thank you.

Full legal name: Family name: _____ First: _____ Middle: _____

Letter of Recommendation Form 1 for Student Applicants

For the Applicant

In the blanks below, fill in and sign your name. Give this form to a teacher and or an adult leader and ask him or her to fill it out completely. Please ask the reference to seal this completed form in an envelope and sign his or her name across the seal before returning it to you.

Applicant name (please print) _____

Applicant signature _____

Date _____

For Teacher/Adult Reference

Our program features a special kind of educational experience. This applicant will be involved in a four-week leadership exchange program working with young people and adults from Iraq. It will be a challenging academic environment that will require cross-cultural adjustment and an extended period of living as a member of a host family. To succeed, the applicant must have a high degree of motivation and the ability to adjust to people of different social and cultural backgrounds. Please be very honest in your assessment of the applicant to help us to determine whether the applicant is ready for this kind of program. Please indicate, by checking the appropriate spaces, your estimate of the applicant's characteristics. If you wish to add comments, please do so on another sheet of paper. **Your answers will remain confidential.**

		Excellent	Good	Average	Poor	Unknown
1. Consideration for and interest in others and their views	X	X	X	X	X	
2. Common sense and good judgment	X	X	X	X	X	
3. Leadership potential	X	X	X	X	X	
4. Ability to take direction cheerfully	X	X	X	X	X	
5. Initiative	X	X	X	X	X	
6. Sense of responsibility	X	X	X	X	X	
7. Ability to adjust to and cope with new situations	X	X	X	X	X	
8. Intellectual curiosity and imagination	X	X	X	X	X	
9. Ability to express himself or herself	X	X	X	X	X	
10. Participation in community and extracurricular activities						
11. Ability to follow through with projects	X	X	X	X	X	

**Iraqi Young Leaders Exchange Program (IYLEP) 2010
U.S. Student Reference Form
ECA Program**

Full legal name: Family name: _____ First: _____ Middle: _____

12. Sense of humor

X X X X X

Comments:

For Teacher Reference (continued)

Applicant Name _____

What do you see as the strengths of this student?

How well will the applicant be able to work with people on a day to day basis from a different culture on a four-week leadership program?

How well will the applicant be able to work with others in the travel group to resolve problems?

Please comment on the applicant's overall suitability for the program, including leadership and interpersonal skills.

In what capacity have you known the applicant? _____ From _____ to _____
year year

Name _____ Signature _____

Full legal name: Family name: _____ First: _____ Middle: _____

Address _____

_____ city

_____ postal code

Telephone _____

Position _____

Date _____

E-mail _____

Please submit this reference form in a sealed envelope with your signature across the seal.

Thank you.

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Information Sheet for Letter of Recommendation

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