



## Internship Program Application

*Please type or print clearly*

| Applicant Information   |   |                                    |                |                                 |                                |
|---|---|------------------------------------|----------------|---------------------------------|--------------------------------|
| Name as it appears on passport:   | Family Name                                       |                                    | First Name     |                                 | Middle Name                    |
| E-mail Address:   | @   |                                    |                |                                 |                                |
| <i>Please provide a working email address and check it regularly throughout the application process</i>   |   |                                    |                |                                 |                                |
| Please Check One:   | MALE<br><input type="checkbox"/>                  | FEMALE<br><input type="checkbox"/> | Date of Birth: | Month / Day / Year              |                                |
| City of Birth:  | Country of Birth:                                 |                                    |                |                                 |                                |
| Country of Citizenship:   | Country of Legal Permanent Residence (see below): |                                    |                |                                 |                                |
| <i>Permanent legal residency indicates you have permission to live in this country, normally without a visa. For most people this will be the same country as your passport. Please include a copy of the main page of your passport.</i> |   |                                    |                |                                 |                                |
| Please Check One:   | MARRIED<br><input type="checkbox"/>               | SINGLE<br><input type="checkbox"/> | Children?:     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Do you intend to apply for a J-2 Visa for your child or spouse?   |   |                                    |                |                                 |                                |
| <i>If you intend to apply for a J-2 Visa please contact WISE as soon as possible</i>  |   |                                    |                |                                 |                                |

| Education and Experiences  |   |   |   |   |  |
|--|---|---|---|---|--|
| What is your current occupation? Check all that apply. I am:         | <input type="checkbox"/> Currently a Bachelor of Art / Science Student                        | <input type="checkbox"/> Currently a Master's program student                                 |   |   |  |
|  | <input type="checkbox"/> Have completed my B.A. degree<br>Date of graduation: ___ / ___ / ___ | <input type="checkbox"/> Have completed my M.A. degree<br>Date of graduation: ___ / ___ / ___ | <input type="checkbox"/> an employee        |   |  |
| Other:   | <i>Please explain</i>   |   |   |   |  |
| Have you participated in a J-1 Program in the United States before?  | YES<br><input type="checkbox"/>   | NO<br><input type="checkbox"/>  |   |   |  |
| <b>If you answered YES, please complete the following questions:</b> | What category was the J-1 Visa?   | Training<br><input type="checkbox"/>  | Work & Travel<br><input type="checkbox"/>   | High School<br><input type="checkbox"/> |  |
|  | Internship<br><input type="checkbox"/>  | Other<br><input type="checkbox"/>   | Which category of J-1 Visa? Please explain: |   |  |
| What was the length of your program?                                 |   |   | What organization sponsored your visa?      |   |  |

| Emergency Contact   |  |  |                  |
|---|--|--|------------------|
| <i>The emergency contact person is a family member who we can contact in case there is an emergency when you are in the U.S. (Required)</i> |  |  |                  |
| Name:   |  |  | Relation to you: |
| Phone number:   |  |  |                  |

| Internship Site Information |  |  |                          |
|-----------------------------|--|--|--------------------------|
| Name of Host site:          |  |  | Name of contact person:  |
| Phone number:               |  |  | Title of contact person: |
| E-mail address:             |  |  | Type of Internship:      |
| Length of internship:       |  |  | Start date:              |

| Permanent Address                                      |  |              |  |
|--|--|--------------|--|
| Address:   |  | Postal Code: |  |
| Country:   |  | Phone:       |  |
| Current Address  |  |              |  |
| Address:   |  | Postal Code: |  |
| Country:   |  | Phone:       |  |
| Until what date will you be available at this address? |  |              |  |

| Family in the United States                                    |                  |                                 |                                |
|--|------------------|---------------------------------|--------------------------------|
| Do you have any family members currently residing in the U.S.? |                  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| <b>If YES, please list family members living in the U.S.:</b>  | Name:            |                                 | Address:                       |
|  | Relation to you: |                                 | Phone number:                  |
|  | Name:            |                                 | Address:                       |
|  | Relation to you: |                                 | Phone number:                  |
| <i>Attach additional pages if you have other relatives</i>     |                  |                                 |                                |

| Program Costs   |  |                          |       |                        |
|---|--|--------------------------|-------|------------------------|
| Program Fees  | 6 months or less                                       | <input type="checkbox"/> | \$600 | \$ _____               |
|   | 7-12 months  | <input type="checkbox"/> | \$800 |                        |
| Insurance Fees  | Number of months of internship: _____ X \$36 per month |                          |       | \$ _____               |
| <i>(Optional) include an additional \$36 for medical insurance during the 30 day grace period following your program.</i> |  |                          |       | <i>(Optional) \$36</i> |
| <b>Total program fee:</b>   |  |                          |       | <b>\$ _____</b>        |

| Payment Checklist   |                          |       |            |                          |
|---|--------------------------|-------|------------|--------------------------|
| <i>Please specify your payment details by checking the appropriate box:</i>   |                          |       |            |                          |
| <b>Wire transfer:</b> I have included <b>my name</b> and the name of <b>the host site</b> and WISE Foundation in the form of the payment. I have enclosed the bank receipt.   |                          |       |            | <input type="checkbox"/> |
| Name of Bank:   |                          | Date: |            | <input type="checkbox"/> |
| <b>Money Order or Cashier's Check:</b> Drawn on a U.S. Bank sent with the original application.   |                          |       |            |                          |
| <b>Credit card:</b> The credit card form is completed and signed, and included with this application (only if paying by credit card)  |                          |       |            | <input type="checkbox"/> |
| <b>The host site:</b> The host site will pay the fees or a portion of the fees. I have included the contact information for the person who has communicated this to me below. |                          |       |            | <input type="checkbox"/> |
|   | Name of contact at site: |       | Telephone: |                          |

## Essay Questions

Please complete the following questions attaching additional pages if needed. Incomplete or insufficient answers will delay consideration of your application. Answers should be no longer than 250 words. Please write in complete sentences. Attach additional pages if necessary. PLEASE WRITE CLEARLY OR TYPE.

1) *What specifically attracts you to participate in this program?*

2) *How has your education and experience prepared you for the type of internship offered in this program?*

3) *List and describe in detail the skills and knowledge specific to your career goals you hope to develop during this internship. Please note that although you will improve your English through your daily conversations it is not one of the goals to be attained by this program.*

4) *Upon return to your own country, how will you use the skills you hope to learn in this program? Include information on your career plans:*

## Other Information

*WISE processing takes 4-6 weeks, in addition to the processing time at the U.S. Consulate (about a month), please plan accordingly.*

Please include a current and complete Resume/CV with your application.

Your Resume/CV must include:

- Your education including high school
- Please note your major or area of study, and the exact Month, Day and Year of graduation
- Your work experience including training programs, internships and apprenticeships
- Please note the starting and ending dates of the items listed for your education and work experience
- Detail any certificates that you might have obtained in your field

## Internship Program Agreement

Before you finalize your application for the program, it is essential you read this statement thoroughly and understand your areas of responsibility. If you have any questions please ask WISE before you sign this agreement. Voluntary ignorance will not release you of your responsibilities.

I, \_\_\_\_\_, undersigned, understand and agree:

1. That the government's aim with this J-1 visa program is to achieve the goals of international exchange by involving me directly in the daily life of the U.S. through travel and interning in the selected field of my career.

2. That the J-1 visa only allows me to train or intern during the dates specified on the DS-2019, not earlier or later. If no earlier departure is indicated on my I-94 card, Department of Homeland Security only allows me to remain in the U.S. up to 30 days after the expiration of the DS-2019 form. I cannot train during those 30 days, but can travel within the United States and make preparations for my departure. The 30 day grace period does not apply should I not successfully complete my program.

3. That I will return to my country upon completion of my program, no later than 30 days of the ending date of the DS-2019.

4. That WISE will issue DS-2019 forms for participants fulfilling the internship program eligibility requirements but cannot guarantee that I will receive a J-1 visa from the U.S. Consulate in my country. WISE or their representatives have no influences over the decisions made by the U.S. consular offices.

5. That The Foundation for Worldwide International Student Exchange (WISE) is the program sponsor of my J-1 visa (government designated agency) and that in addition to the government regulations, I am also bound by all WISE conditions to participate in the program. Under this sponsorship I am not allowed to change internship programs or sites without the consent of WISE. That a change will be considered only under situations of great duress. If I do change without approval, I will be immediately terminated from the program and reported to the government. I understand that if I remain in the U.S. I will not be in status and may be subject to deportation. This will affect my future possibilities of coming back to the U.S. on any visa. To complete any written or oral evaluations required by the host site or WISE to comply with government and program regulations.

6. That it is a J-1 visa requirement to read all cultural material and participate in activities provided by the recruiter, the host site and WISE to enhance my knowledge of American culture and comply with regulations.

7. That I will attend all mandatory orientations given by the recruiter, WISE and the host site for my benefit and to comply with government and program regulations.

8. That I will ask for clarification of any part of this program prior to my departure. I will make sure I have the internship offer letter in my possession, and will have read this offer, the refund policies and all program conditions.

9. That I am fully responsible for carefully reading and understanding: All the program information WISE and their representatives provide prior to my departure and after my arrival.

10. To review the WISE participant manual in detail and ask any questions to WISE that I may have. The manual includes important details and regulations including laws and emergency procedures that affect my program so I understand the importance of this step and agree to do it.

11. That insurance coverage provided by WISE finishes at the conclusion of the authorized period stated on my DS-2019 form and that it is my responsibility to arrange for an insurance extension for any additional period of time I remain in U.S. territory during the 30 day grace period.

12. That I am responsible for my own expenses related to all travel to and from my program site throughout my program including daily commuting as well as international travel. That I am responsible for all personal expenses incurred from the start of my program until my return home.

13. That for my protection, I am required to reveal in my medical statement prepared by a physician any health disorders and medication presently being taken (diabetes, epilepsy, asthma, etc.) and that I will carry my medical insurance card with me at all times.

14. That I will receive a regular salary or hourly wage in the amount specified in the host site letter of agreement.

15. To take primary responsibility for coordination of housing. In some cases, this housing is provided directly by the host site and may be temporary in nature. These facilities are designed to assist the participant transition into a more permanent housing environment. WISE and the host site will assist to provide resources to suitable, affordable housing if the housing option provided is temporary in nature. The trainee is free to make other arrangements should they so choose with adequate notice and approval from the host site and WISE. The ultimate decision to make alternate housing arrangements will be the responsibility of the trainee including any additional costs incurred such as daily transportation, deposits, etc.

16. To be responsible for daily transportation between my home and the host site. Many host sites can recommend housing arrangements that provide access to the site by foot, bicycle, or public transportation, or even special arrangements made by the host site where available, or in many cases by provisions of the host site. Not all options are available at every internship site. The logistical requirements of some programs may necessitate the use and purchase of a car.

17. To abide by the rules, guidelines and regulations stated herein and in the participant manual provided by WISE. These include but are not limited to maintaining program eligibility, program departure, use of drugs and alcohol, and adherence to the program schedule. The undersigned participant further agrees to abide by site rules and policies of the organization and housing site.

18. To fully cooperate with the host site and WISE to successfully complete the program. This includes completing the practical and theoretical components of the program. It is understood the practical internship component will normally consist of approximately 40 hours per week on average over the course of the program. As some industries are seasonal in nature, it is likely that the number of hours may fall below this average on occasion. In some situations, some overtime may be required. Participants can be compensated for extra hours assigned as per the policy of the host site. Non participation in either element of the program may make the participant ineligible to continue the program causing the trainee's dismissal from the program and return home at the participant's expense.

19. Engaging in employment outside of internship activities at the assigned host site is cause for immediate dismissal.

20. To obey all applicable local, state and federal laws. WISE reserves the right to terminate a participant's program should their conduct or actions be deemed harmful to themselves, the hostsite, WISE, or the public at large.

In signing this agreement, I acknowledge that I have read, understood, and agree to all of the terms and conditions with my own free will stated above.

|                          |  |      |  |
|--------------------------|--|------|--|
| Participant<br>Signature |  | Date |  |
|--------------------------|--|------|--|

## Liability and Medical Release Agreement

*Read the following carefully and sign below:*

The undersigned as participant in a program organized and directed by The Foundation for Worldwide International Student Exchange, hereafter referred to as WISE, on behalf of ourselves, your sponsor, and our successors or legal representatives renounce any claim against WISE, its employees, directors or officers, agents, coordinators and host site where the participant may be assigned, or any person interviewing in the program, that may arise due to injury, damage, sickness, accident, delay, unusual government restrictions, or regulations, or those derived from acts of omission of airlines, shipping companies, railroads, busses, transportation in general, hotels, restaurants or any other service given by companies, individuals or anyone related with the aforementioned.

I understand that as a participant I will be subject to the authority of WISE and must follow the rules provided by the program and host site. I also understand that WISE reserves the right to terminate sponsorship in the program of any participant whose conduct during the program period may be considered detrimental or incompatible with the interest and security of the program. If this decision is ever taken, the participant will have no right to any refunds.

I accept the right of WISE to directly or indirectly cancel, change, or substitute in emergencies or whenever normal circumstances change, those elements of the program whose alteration is deemed necessary by WISE. I understand that should there be a geographic move of the participant for any reason whatsoever, the cost of the transportation shall be borne by the participant.

We grant WISE permission to use in the future any photographic or any other type of material in which the participant may appear for promotion or publicity of the organization's programs.

I grant WISE, at its discretion, and if necessary, at the cost of the participant or his/her parents in the case of expenses exceeding the coverage of the insurance policy covering the participant the power to place him/her in a hospital or in any other institution for any type of assistance or medical treatment or, if there is no hospital available to place him/her under the case of the medical doctor of WISE's choosing for his/her treatment.

I grant WISE authority to act as my representative while in the United States including but not limited to, all necessary functions to act as legal guardians in loco parentis to any situation, especially in emergencies whether medical or other, including the possibility of permission for surgical operations or other medical or mental treatment. WISE shall be the only agency to authorize any medical or mental treatment of participant.

I authorize WISE to return me to my home country of origin at my cost, if necessary, to submit to medical treatment, if this is deemed necessary by the above-mentioned people, after consultation with medical authorities. I confirm that at the time of signing this document that I enjoy satisfactory physical and mental health, that my health record enclosed herewith is true and complete, and that I may engage in any physical or sport activity unless so noted in the Medical Statement or Medical Insurer's policy.

I grant WISE permission to act on my behalf in anything pertaining to possible representation before the local authorities. This authorization shall be valid the entire duration of the WISE program in which I am participating.

|                           |  |      |  |
|---------------------------|--|------|--|
| Participant Signature:    |  | Date |  |
| Participant Name (Print): |  |      |  |

## Verification of Student Status

Regulations require that internship participants must be currently enrolled in and pursuing studies at a degree or certificate-granting post-secondary academic institution outside the United States, or must have graduated from such school within 12 months of the start of their internship.

A copy of the certificate or diploma can be substituted for this form if the applicant has already graduated.

Applicant's Name:

Name of school or academic institution:

Address of school or academic institution:

Major or field of study:

*The following questions must be completed by a school representative.*

I certify that \_\_\_\_\_ is a current full time student or graduate of the above school or academic institution, and that this school or academic institution is considered to be at a post-secondary level.

Date or expected date of graduation:

*Month      /      Day      /      Year*

Name:

Title:

Signature:

Date:

School Seal:

| <b>Medical Statement</b>   |  |                          |                                 |  |   |   |   |   |   |   |
|--|--|--------------------------|---------------------------------|--|---|---|---|---|---|---|
| <i>The medical statement must be printed and taken to a medical professional to be completed in English.</i>   |  |                          |                                 |  |   |   |   |   |   |   |
| Applicant Name:  |  |                          |                                 | Date of Birth:                               |   |   | / /                                     |   |   |   |
|  |  |                          |                                 |  |   |   | Day                                     | Month                                     | Year                                      |   |
| Height:  |  | cm.                      | Weight:                         |  | Kg.   | Blood pressure:                         |   | Pulse:                                    |   |   |
| General State of applicant's health:   |  |                          |                                 | <i>Excellent</i><br><input type="checkbox"/> |   | <i>Good</i><br><input type="checkbox"/> |   | <i>Fair</i><br><input type="checkbox"/>   | <i>Poor</i><br><input type="checkbox"/>   |   |
| Does applicant now have, or has s/he ever had, any of the following?<br><i>(If yes, give detailed information regarding impairment in the EXPLANATION space provided below.)</i>                                     |  |                          |                                 |  |   |   |   |   |   |   |
| <b>Illness</b>   |  | <b>No</b>                | <b>Yes</b>                      | <b>Month / Year</b>                          |   | <b>Disorders</b>                        |   | <b>No</b>                                 | <b>Yes</b>                                |   |
| Chicken pox  |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Seizure Disorders                       |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Measles  |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Sleepwalking                            |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Mumps  |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Appendectomy                            |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Poliomyelitis  |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Cough (frequent)                        |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Rheumatic Fever  |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Diabetes Militus                        |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Rubella  |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Enuresis                                |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Scarlett Fever   |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Headache (persistent)                   |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Malaria  |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Menstrual Disorders                     |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Hepatitis  |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Learning or Speech Defects              |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Parasites  |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Vertigo, Dizziness                      |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Goiter   |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Allergies                               |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Hernia   |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   | Asthma                                  |   | <input type="checkbox"/>                  | <input type="checkbox"/>                  |   |
| Other  |  | <input type="checkbox"/> | <input type="checkbox"/>        | ___ / ___                                    |   |   |   |   |   |   |
| Has the applicant ever been hospitalized?  |  |                          | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>               | Has the applicant ever been advised to have surgery, which has not been done?                       |   |   | Yes<br><input type="checkbox"/>           | No<br><input type="checkbox"/>            |   |
| Is the applicant presently taking medications or injections?   |  |                          | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>               | Does the applicant presently have any diagnosed condition requiring ongoing treatment or check-ups? |   |   | Yes<br><input type="checkbox"/>           | No<br><input type="checkbox"/>            |   |
| <i>EXPLANATION in detail of all "yes" answers in items above:</i>  |  |                          |                                 |  |   |   |   |   |   |   |
|  |  |                          |                                 |  |   |   |   |   |   |   |
| Allergy statement: HAYFEVER  |  |                          | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>               | What specific pollens, grasses, etc., is the applicant allergic to?                                 |   |   |   |   |   |
| What reactions are caused by contact?  |  |                          |                                 |  | Would you describe these reactions as:  |   | <i>Mild</i><br><input type="checkbox"/> | <i>Strong</i><br><input type="checkbox"/> | <i>Severe</i><br><input type="checkbox"/> | <i>Life Threatening</i><br><input type="checkbox"/> |
| Can these reactions be controlled with medication?   |  |                          | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>               | If so, what medication and dosage?  |   |   |   |   |   |
| Are there any restrictions on the applicant's participation in physical activities?  |  |                          |                                 |  |   |   |   |   |   |   |
| <i>Medical insurance required by WISE does not cover pre-existing conditions. The applicant has been made aware of any possible pre-existing conditions for which they may need to maintain additional coverage.</i> |  |                          |                                 |  |   |   |   |   |   |   |
| Signature of Physician:  |  |                          |                                 | Date:  |   |   | Stamp of Physician:                     |   |   |   |
| Name of Physician (print):   |  |                          |                                 | Place of Examination:                        |   |   |   |   |   |   |

|                       |
|-----------------------|
| <b>Interview Form</b> |
|-----------------------|

*Visa regulations now require a documented interview in person, by videoconferencing, or by web-camera for every candidate. Telephone interviews are not sufficient. This form must be completed and signed by one of the following:*

**Interviewer from WISE Partner Organization, School Representative, or WISE Staff member.**

|                   |  |
|-------------------|--|
| Applicant's Name: |  |
|-------------------|--|

The Department of State defines an intern as a person who is engaging in a program for the purpose of obtaining practical internship in a specialized field of knowledge and skill. Under this program, foreign nationals may visit the United States temporarily for the purpose of enhancing the Exchange Visitor's skills in their occupation through participation in a structured program and to improve the participant's knowledge of American techniques, methodologies or expertise within the individual's field of endeavor. To be eligible for the internship category, the applicant must clearly demonstrate through their prior training and practical experience that they are able to advance within their chosen career as a result of participation in this program.

WISE eligibility requirements for the **Internship Program** require that applicants for this program be fulltime students at a tertiary level of education, or have graduated within 12 months of the start of their internship.

Additionally, in order to ensure that interns are sufficiently fluent in English to benefit from and comprehend fully the training being undertaken, the regulations require that they have verifiable English language skills sufficient to function on a day-to-day basis in the training or internship environment.

By signing, I certify that as per the above mentioned criteria, I have reviewed the participant's qualifications and experience and can substantiate that the above named participant has appropriate education, skills and experience to benefit from the structured internship program to be provided.

|                    |  |
|--------------------|--|
| Date of Interview: |  |
|--------------------|--|

|                                |  |
|--------------------------------|--|
| Method and Place of Interview: |  |
|--------------------------------|--|

|                   |  |
|-------------------|--|
| Interviewer Name: |  |
|-------------------|--|

|                    |  |
|--------------------|--|
| Interviewer Title: |  |
|--------------------|--|

|               |  |
|---------------|--|
| Organization: |  |
|---------------|--|

|                   |  |
|-------------------|--|
| Telephone Number: |  |
|-------------------|--|

|                           |  |
|---------------------------|--|
| Signature of Interviewer: |  |
|---------------------------|--|

## Reference Form

*This form must be completed by a current or former employer, school instructor, or school administrator within the professional field of internship for which you are applying. They must have known you for at least 6 months. Forms completed by friends and relatives will be rejected. This form must be completed in English. Current letters of recommendation (less than 1 year old) from a school or employer may be substituted. They must be in English, on letterhead and signed.*

|  |  |  |  |
|--|--|--|--|
| Applicant's Name:                              |  |  |  |
| Name of Reference:                             |  |  |  |
| Title:   |  | Telephone:                             |  |
| In what capacity have you known the applicant? |  | How long have you known the applicant? |  |

*Please rate the applicant, then answer the questions.*

|                 | Excellent                | Good                     | Fair                     | Poor                     |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Adaptability    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resourcefulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enthusiasm      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sense of Humor  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patience        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe the three best attributes of the applicant (discuss in detail qualities from the above list or others not included):

Describe the applicant's ability to relate to people of different nationalities and ages:

Do you recommend the applicant for participation on a WISE International Program?

Yes

No

If yes, why is the applicant suitable to participate on the program?

Signature:

Date: