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Embassy of the United States of America

Baghdad, Iraq

**Study of the U.S. Institute (SUSI) for Student Leaders for Young Women Leaders Program**

Application Form

**Application Deadline: 11:59 P.M., Sunday, January** 31**, 2022**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | **A. Applicant's Full Name, exactly as it appears on passport** | | | | Last Name: |  | | | | First Name: |  | | | | Middle Name: |  | | | |  |  | | **B. Gender** | □ Male  □ Female | | | | |  |
|  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **C. Date of Birth** |  | | Type mm/dd/yyyy. | | |  |  |  |  |  | | **D. City of Birth** |  | | | | |  |  |  |  |  | | **E. Country of Birth** |  | | | | |  |  |  |  |  | | **F. Citizenship** | Primary: |  | | | |  | Secondary:  (if applicable) |  | | | |  |  |  |  |  | | **G. Residency** |  |  | | | |  |  |  |  |  | | **H. Medical, Physical, Dietary or other Personal Considerations** | | | | | |  | Disability: |  | | | |  |  |  |  |  | |  | Please describe any pre-existing medical conditions, including any prescription medication the candidate may be taking, allergies, or other dietary or personal consideration.    This will not affect candidate selection, but will enable the host institution to make any necessary accommodations. | | | | |  |  |  |

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| **I. Candidate Contact Information** | |  | |  |  |
| Address: |  | | | | |
|  |  | | | | |
| City: |  | | | | |
| Home State or Province: |  | | | | |
| Postal Code: |  | | |  |  |
| Home Country: |  | | |  |  |
| Email: |  | | \*Required | | |
| Phone: |  | | | Numbers only. For example: 123456789 | |
| Emergency Contact name & relationship: |  | | | | Example: John Doe, Husband |
| Emergency Contact Phone: |  | | | | Numbers only |
| Emergency Contact Email: |  | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **J. Academic Major, Institution** | |  |  |  |
| Major: |  | | | |
| Home Institution Country name |  | | | |
| Department |  | | | |
| Year of study: |  | | | |

**K. Work and Volunteer Experience (please list all your volunteer and work experience, if any)**

**L. Memberships in Associations, Clubs, etc.**

\*Please include dates (Example: Volunteer Club, May 2015 to June 2016)

**About your academic and community interests:**

Academic subjects you are most interested in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**M Previous Experience in the United States (**Please clearly indicate the purpose of your visit to the U.S., the year, and the length of your stay**)**

**N. Family Residing in the United States**

\*Please include city and state (Example: John Doe - Chicago, IL)

**O. Evidence of English Fluency** (*e.g. paper-based TOEFL, TOEFLiBT scores, IELTS or other evidence)*

**P. Nominee's Personal Essay**

Please structure your essay in paragraphs and limit your response to **500 words**, or approximately a page, single-spaced.

Tell us about yourself and your goals including the following:

***What about your background and/or interests makes you competitive for the SUSI exchange program? What will you contribute to the program? How will the program affect you personally or professionally?*** Please be as specific as possible.

Complete the application form and send it together with a photocopy of their passport’s ID page and official university transcript to [IraqExchangePrograms@state.gov](mailto:IraqExchangePrograms@state.gov) on January 31, 2022, with “SUSI on Women’s Leadership” in the subject line.