**AWE Course Participant Application Form**

**Name:**

|  |  |
| --- | --- |
|  |  |

**Nationality:**

|  |
| --- |
|  |

**Current Physical Address:**

|  |
| --- |
|  |

**Phone Number:**

|  |
| --- |
|  |

**Gender: Birthdate:**

|  |  |
| --- | --- |
|  |  |

**Email:**

|  |
| --- |
|  |

**Level of Education and professional training in entrepreneurship if any (Attach copy of academic accreditation)**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

**English Competency on Scale of I to 5 (One being elementary, 5 being fluent)**

|  |
| --- |
| **Reading:** |
| **Comprehension:** |
| **Speaking:** |

**Do you have a working laptop that you can use in this program? (Tick one)**

* **Yes**
* **No**

**How would you describe your Level of computer literacy/competence (tick one)**

* Learner
* Basic
* Good
* Very Good
* Excellent

**Tell us about your business**

o I have a business

o I have a business idea

**What product/service does your business offer?**

|  |
| --- |
|  |

|  |
| --- |
| **Tell us about your business/business idea.** |

|  |
| --- |
|  |

**Are you available to participate in the months of September to November 2022?**

|  |  |
| --- | --- |
| **Yes** | **No** |

**Why do you want to be part of AWE program?**

|  |  |
| --- | --- |
| |  | | --- | |  | |

|  |
| --- |
| **What are your expectations of this program?** |

|  |
| --- |
|  |

**Mail your completed application form to**: [drs\_exchanges@state.gov](mailto:drs_exchanges@state.gov)