**AWE Course Participant Application Form**

**Name:**

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**Nationality:**

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**Current Physical Address:**

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**Phone Number:**

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**Gender: Birthdate:**

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**Email:**

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

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

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| **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?**

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

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

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

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

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

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**Mail your completed application form to**: drs\_exchanges@state.gov