

**Study of the U.S. Institutes (SUSIs) for Young Women Leaders**

Thank you for your interest in applying to the ***SUSIs for Young Women Leaders on Public Policy***. Please email your completed form to **[exchanges-hk@state.gov] before November 30, 2023.**

SECTION A

Please provide information exactly as it appears in your passport.

1. Surname (Last Name): \*

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2. Given Name(s): \*

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3. Gender: \*

[ ]  Female

[ ]  Male

[ ]  Non-binary

 [ ]  Other

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4. Date of Birth: \* [Format: MM/DD/YYYY]

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5. City of Birth: \*

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6. Country of Birth: \*

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7. Primary Citizenship: \*

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8. Country of Residence: \*

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9. Secondary Citizenship (if applicable):

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10. Street Address: \*

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11. City: \*

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12. State/Province:

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13. Postal Code:

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14. Country: \*

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15. Phone Number: \*

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16. Email Address: \*

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**Medical, Physical, Dietary, or other Personal Considerations:**

This will not affect a candidate's selection, but it will enable the host institution to make any necessary accommodations.

17. Please indicate if you have a disability. \*

[ ]  None

[ ]  Blind or Visual Impairments

[ ]  Deaf or Hearing Impairments

[ ]  Learning Disability

[ ]  Physical Disability

[ ]  Psychiatric Disability

[ ]  Systemic Disability

[ ]  Other

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18. Please describe any pre-existing medical conditions, prescription medication, dietary restrictions, or personal considerations.

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**Experience in the United States:**

19. Have you traveled to the United States before? \*

[ ]  Yes

[ ]  No

20. If yes, please list any previous travel to the United States for the purposes of tourism/vacation, conferences, educational study, or previous ECA programs. Provide dates/duration, purpose of visit(s), and location(s). (Examples: July 4-14, 2019 – Tourism to Washington, D.C.; December 1-15, 2018 - Short Term Study Abroad to New York City, NY).

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21. Have you previously participated in or been accepted into another U.S. Department of State sponsored program? \*

[ ]  Yes

[ ]  No

22. If yes, please provide the name of the program and the dates. \*

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23. Family residing in the United States (if applicable):

Please include name, relationship to candidate, city, and state. (Example: Jane Doe, sister, Denver, CO).

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SECTION B:

32. Year in School: \*

[ ]  First-Year Student

[ ]  Completed First Year

[ ]  Completed Second Year

[ ]  Completed Third Year

[ ]  Completed Fourth Year

[ ]  Part-Time Student

[ ]  Postgraduate Student

33. Expected Date of Graduation: \* [Format: M/D/YYYY ]

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34. Will you have one semester left in your studies after the completion of the SUSI program? \*

[ ]  Yes

[ ]  No

 [ ]  Other

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35. Major/Field of Study: \*

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36. University: \*

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37. Country of University: \*

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38. Work History:

Please include employer, position, dates, and location.

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39. Volunteer Experience:

Please include organization, dates, and location.

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40. Memberships in Associations, Clubs, etc.:

Please include organization and dates.

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41. Personal Statement: \*

As part of the SUSI application process, all applicants should submit a personal statement about their background and goals. In up to 500 words, applicants should address the following questions and any other pertinent information:

* What about your background and interests makes you competitive for the SUSI program?
* What will you contribute to the program?
* How will your participation in the SUSI program affect your local community, region, or country?
* How will the SUSI program affect you personally or professionally?

Please input the candidate’s personal statement below. (max. 500 words)

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42. Reference

Please provide contact information of a referee who would be willing to support your application and notify him/her about this request. SUSIs will contact your referee directly.

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| Name:Title:Institution:Email address: |