



NSLI
FOR YOUTH
Scholarships to
Study Abroad



Sample

FORM # 2: Personal Information - About You

About You

1) Legal Name:

*As indicated on your birth certificate, passport, or other government-issued ID. Please use **English** characters only and proper capitalization. Please **do not use** accent or diacritical marks. Please **do not use** all UPPERCASE or lowercase letters. If you do not have a "Middle Name," leave that box blank.*

Legal First Name _____

Legal Middle Name _____

Legal Last Name _____

2) Your Preferred Nickname _____

3) Gender

- Female
 Male
 Other

4) Your Pronouns

- She/her
 He/his
 They/them
 Other

5) Date of Birth

Enter in the format Mmm dd, yyyy (e.g., Sep 01, 2003)

Note: Eligible students must have birthdates within the ranges listed below.

Program Duration	Eligible Birthdate Range
Summer 2023	Birthdate: July 10, 2004 - June 10, 2008

6) Place of Birth

City: _____
State/Province/Region: _____
Country: _____

Passport and Citizenship

7) Do you have a valid U.S. passport or birth certificate ?

- Yes
 No

8) Can you be considered a citizen of any country other than the United States?

- Yes
 No

Your Contact Information

9) Mailing Address

Street Address: _____
City: _____
State/Province/Region: _____
Country: _____
ZIP/Postal Code: _____

10) Is your physical address different than your mailing address?

- Yes
 No

Telephone Numbers

Include area code (for North America), spaces, hyphens [-], and parentheses [()]

11) Primary Telephone _____

Type: Home Mobile

12) Alternate Telephone _____

Type: Home Mobile

13) Primary Email Address _____

This will be NSLI-Y administration's primary method of communicating with you and should be an email address that is and will be checked often.

Personal Information - Certify Your Eligibility

Certification of Eligibility

Answering "False" to any of the following questions indicates that you are not eligible for the NSLI-Y 2023 program. Please contact irina@aseglobalbridges.org if you have any questions about the eligibility requirements.

A detailed description of all the NSLI-Y eligibility requirements can be found online at: <http://www.nsliforyouth.org/how-to-apply/eligibility/>.

1) I am a U.S. citizen.

True

False

2) I have a grade point average (GPA) or equivalent of 2.5 or higher on a 4.0 scale.

True

False

3) My birth date is between July 10, 2004 - June 10, 2008.

True

False

4) I am currently enrolled in grades 9-12 (high school or home-school equivalent) at the time I submit this application.

True

False

5) I have not participated in a short-term or long-term ECA youth overseas exchange program.

True

False

6) I understand that an alumnus/a of a short-term in-person ECA youth exchange (not virtual) program may only apply for a NSLI-Y academic year program, which must take place in a different calendar year. Alumni of NSLI-Y virtual programs may apply for NSLI-Y summer or academic year programs.

True

False

7) I am eligible to apply for the 2023-24 NSLI-Y program according to the above-mentioned Eligibility Policy.

True

False

8) I do not have any immediate family members who work at the U.S. Department of State or U.S. Agency for International Development.

True

False

9) I do not have any immediate family members whose responsibilities include performing services on behalf of U.S. Department of State exchange programs at a private or public agency/organization.

True

False

10) Certified by: _____

Enter your full name

Personal Information - School Information

Your High School Information

1) Your Current Grade:

9th

10th

11th

12th

2) Your Anticipated Graduation Date: _____

Enter in format "Mmm yyyy". For example, Jun 2021.

3) School Name and Address

(If you are home-schooled, enter "Home School" for the school name)

School Name: _____

Street Address or P.O. Box: _____

City: _____

State/Province/Region: _____

Country: _____

ZIP/Postal Code: _____

Personal Information - Family Information

About Your Parents / Legal Guardians

1) Please list your parents/legal guardians, as applicable:

*Anyone listed as a parent or legal guardian in your application must be identified by the **same name** in other forms that require the signature of parents / legal guardians.*

Parent / Legal Guardian 1

Legal First Name: _____

Legal Last Name: _____

Gender:

Female

Male

Other

Does this person have legal custody of you?

Yes

No

Primary Telephone: _____

Primary Telephone Type:

Home

Mobile

Work

Alternate Telephone: _____

Alternate Telephone Type:

Home

Mobile

Work

Email: _____

Do you currently live with this parent/legal guardian at the physical address you listed on this form?

Yes

No

Parent / Legal Guardian 2

Legal First Name: _____

Legal Last Name: _____

Gender:

Female

Male

Other

Does this person have legal custody of you?

Yes

No

Primary Telephone: _____

Primary Telephone Type:

Home

Mobile

Work

Alternate Telephone: _____

Alternate Telephone Type:

- Home
 Mobile
 Work

Email: _____

Do you currently live with this parent/legal guardian at the physical address you listed on this form?

- Yes
 No

Personal Information - International Experience

1) Have previously participated in NSLI-Y or Virtual NSLI-Y programs?

- Yes
 No

2) If yes, please indicate year and language:

3) Have you previously participated in any overseas exchange program(s)?

- Yes
 No

4) Have you previously participated in any virtual exchange programs?

- Yes
 No

Personal Information – Activities and Hobbies

You may include up to 5 entries for each question below. List activities/hobbies in chronological order (starting with most recent) and prioritize the activities/hobbies that are most important to you, and/or most relevant to the NSLI-Y program.

Use your best estimate for hours per month. If you are including a seasonal activity, list the average hours per the months that you engage in the activity.

Activities, Athletics, and Organizations

List only those activities and organizations in which you have been a frequent participant within the past three years. Include activities such as Scouts, volunteer work, religious youth groups,

peer tutoring, sports teams, etc. Be sure to briefly specify any leadership roles you held with those groups, such as club president, team captain, or other position:

- 1) Activity or Organization: _____
Description: _____
Hours per Month: _____
Start Date (mm/yyyy): _____
Still participating?
 Yes
 No

If no, End Date (mm/yyyy): _____
- 2) Activity or Organization: _____
Description: _____
Hours per Month: _____
Start Date (mm/yyyy): _____
Still participating?
 Yes
 No

If no, End Date (mm/yyyy): _____
- 3) Activity or Organization: _____
Description: _____
Hours per Month: _____
Start Date (mm/yyyy): _____
Still participating?
 Yes
 No

If no, End Date (mm/yyyy): _____
- 4) Activity or Organization: _____
Description: _____
Hours per Month: _____
Start Date (mm/yyyy): _____
Still participating?
 Yes
 No

If no, End Date (mm/yyyy): _____

5) Activity or Organization: _____

Description: _____

Hours per Month: _____

Start Date (mm/yyyy): _____

Still participating?

Yes

No

If no, End Date (mm/yyyy): _____

Creative Work, Hobbies, and Special Training

Include activities such as music, dance, drama, performing arts, and foreign languages that you have pursued to the point of some mastery:

1) Activity: _____

Description: _____

Hours per Month: _____

Start Date (mm/yyyy): _____

Still participating?

Yes

No

If no, End Date (mm/yyyy): _____

2) Activity: _____

Description: _____

Hours per Month: _____

Start Date (mm/yyyy): _____

Still participating?

Yes

No

If no, End Date (mm/yyyy): _____

3) Activity: _____

Description: _____

Hours per Month: _____

Start Date (mm/yyyy): _____

Still participating?

Yes

No

If no, End Date (mm/yyyy): _____

4) Activity: _____

Description: _____

Hours per Month: _____

Start Date (mm/yyyy): _____

Still participating?

Yes

No

If no, End Date (mm/yyyy): _____

5) Activity: _____

Description: _____

Hours per Month: _____

Start Date (mm/yyyy): _____

Still participating?

Yes

No

If no, End Date (mm/yyyy): _____

Personal Information – Internships, Jobs

You may enter up to 7 entries for the question below. List internships/paid work/jobs in chronological order (starting with most recent) and prioritize the internships/paid work/jobs that are most important to you and/or most relevant to the NSLI-Y program. Use your best estimate for hours per month.

1) Employment Title/Position: _____

Description: _____

Hours per Month: _____

Start Date (mm/yyyy): _____

Still employed?

Yes

No

If no, End Date (mm/yyyy):

2) Employment Title/Position:

Description:

Hours per Month:

Start Date (mm/yyyy):

Still employed?

Yes

No

If no, End Date (mm/yyyy):

3) Employment Title/Position:

Description:

Hours per Month:

Start Date (mm/yyyy):

Still employed?

Yes

No

If no, End Date (mm/yyyy):

4) Employment Title/Position:

Description:

Hours per Month:

Start Date (mm/yyyy):

Still employed?

Yes

No

If no, End Date (mm/yyyy):

5) Employment Title/Position:

Description:

Hours per Month:

Start Date (mm/yyyy):

Still employed?

Yes

No

If no, End Date (mm/yyyy): _____

Personal Information – Awards, Honors and Recognition

You may enter up to 7 entries for the question below. List awards/honors/special recognition in chronological order (starting with most recent) and prioritize the awards/honors/special recognition that are most important to you and/or most relevant to the NSLI-Y program.

- 1) Description: _____
Award Date (mm/yyyy): _____
- 2) Description: _____
Award Date (mm/yyyy): _____
- 3) Description: _____
Award Date (mm/yyyy): _____
- 4) Description: _____
Award Date (mm/yyyy): _____
- 5) Description: _____
Award Date (mm/yyyy): _____
- 6) Description: _____
Award Date (mm/yyyy): _____
- 7) Description: _____
Award Date (mm/yyyy): _____