APPLICATION FORM
FOR USLEC PROGRAM

This is a fillable form. Please complete it by typing in a browser or Adobe Acrobat Reader instead of handwriting.

STUDENT INFORMATION

FULL NAME _____   DATE OF BIRTH _____

ADDRESS _____

GENDER _____   PHONE _____

SCHOOL _____   EMAIL ADDRESS _____

GRADE (RISING) _____   STATUS ○ CITIZENSHIP ○ GREEN CARD ○ LEGAL VISA ○ ETC

PARENT INFORMATION

FATHER

FULL NAME _____

PHONE _____

EMAIL _____

MOTHER

FULL NAME _____

PHONE _____

EMAIL _____

Q1 What is your chief movtivation for applying to this internship program?

Q2 **What are your future aspirations or desired career paths, and how do you think your participation in the internship program will help?**

Q3 **Who is your role model, and please elaborate on reasons why.**

Q4 **What, if any, extracurricular activities are you involved with? (sports, hobbies, other volunteer programs) Please also indicate how long you have participated in each.**

Q5 **Please identify one strength you have and how it has helped you in different situations. Please identify one area of weekness and what steps you are taking to grow in this area.**

Q6 **How did you hear about our program? Who recommended you? Please write their name and brief description.**

Q7 **Please use the space below to add any additional information about yourself that you would like the staff to know about you.**

How to Upload Photos

Please save this application to your computer's hard drive and open it in Adobe Acrobat Reader.
If you do not have Adobe Acrobat Reader installed, you can download it at **https://get.adobe.com/reader/**

Click the box below to upload your image. (This feature works in the Free Version of Adobe Acrobat Reader)

Student Photo

Family Photo

Please submit your completed application along with the student portrait and a recent family photo to info@uslec.org