

# Application for 2002 Summer in Taiwan

## American Student Ambassador Program ~ July 6 – July 26, 2002

### IEF Education Foundation

Thank you for your interest in participating our Summer 2002 American Student Ambassador Program in Taiwan. Please complete the following and return this application to IEF Education Foundation by **May 15, 2002, 5:00 p.m.**

#### I. Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
 (As appears on your passport)

Name of High School/College: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

If you are in a high school/boarding school student, you are currently in grade \_\_\_\_\_

If you are a college student, you are currently a  Freshman  Sophomore  Junior  Senior

Passport No: \_\_\_\_\_ (If not available, please apply for your passport ASAP)

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please enter your ethnic identity (Optional. For statistical purposes only).

- |  |  |
|--|--|
| <input type="checkbox"/> Asian, Asian American or Pacific Islander       | <input type="checkbox"/> African American/Black                      |
| <input type="checkbox"/> Native American/American Indian, Native Alaskan | <input type="checkbox"/> Biracial/Multiracial - please specify _____ |
| <input type="checkbox"/> Caucasian/White                                 | <input type="checkbox"/> Hispanic/Latino                             |
| <input type="checkbox"/> Native Hawaiian - Tribal affiliation _____      | <input type="checkbox"/> Other _____                                 |
| <input type="checkbox"/> Prefer not to respond                           |  |

#### II. Emergency Contact Information

Primary Contact Person	Name:	Relation:
Telephone	Fax:	E-mail:
Secondary Contact Person	Name:	Relation:
Telephone	Fax:	E-mail:

#### III. Important Information

A. Please mail this **application form** by **April 30, 2002** along with the following **required documents**:

- **A copy of your student ID**
- **A copy of your passport**
- **Two passport size photos**

**To:** IEF Education Foundation,  
 American Student Ambassador Program  
 18605 E. Gale Ave., Suite 230  
 City of Industry, CA 91748

B. Accepted applicants will be notified with acceptance package and payment schedule by **June 15, 2002**.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardian's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (For students who are under age 18)