|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION DEADLINE: 15 APRIL 2016**  **To submit applications and for more information, contact:**  Chanthalangsy Sisouvanh, Center Director  Rural Development Agency (RDA)  Lao-Thai Friendship Rd, Ban Vatnak Sisattanak District, Vientiane Capital, Laos  Tel & Fax: 856 21 315457  Email: [Chanthalangsy@rda.org.la](mailto:Chanthalangsy@rda.org.la)  Website: [www.rda.org.la](http://www.rda.org.la)  The YSEALI Professional Fellows Program is a professional development exchange program for the best and brightest community leaders from ASEAN, working in the fields of civic engagement, civil society development, economic empowerment, governance, legislative process, environmental and natural resources management. The YSEALI Professional Fellows Program provides participants a month-long fellowship at U.S.-based non-profit organizations, government offices, legislative bodies, or private sector organizations. Fellows will work with community leaders to enhance their practical expertise, leadership skills and professional contacts to address issues in their home communities.  YSEALI is President Obama’s signature program to strengthen leadership development and networking in ASEAN, deepen engagement with young leaders on key regional and global challenges, and strengthen people-to-people ties between the United States and young Southeast Asian leaders. The YSEALI Professional Fellows Program is part of the broader Professional Fellows exchange program.  For more information on the Professional Fellows Program, click [here](http://www.exchanges.state.gov/non-us/program/professional-fellows-program).  For more on YSEALI, click [here](https://youngsoutheastasianleaders.state.gov/).  Please note that this is one of numerous Professional Fellows. You are restricted to applying to ***one*** Professional Fellows Program during the spring 2016 application.  If it is determined that you have applied to more than one Fellows program during this application period, your application will be deemed ineligible and your name will be removed from consideration.  **To submit application, email completed form to Chanthalangsy Sisouvanh**  [**chanthalangsy@rda.org.la**](mailto:chanthalangsy@rda.org.la) | | | | | | | | | | | | | | | | | | |
| 1. **BASIC INFORMATION** | | | | | | | | | | | | | | | | | | |
| **Full name** (exactly as it would appear on your passport): | | | | Family Name:  First Name:  Middle Name: | | | | | | | | | | | | | | |
| **Gender:**  **☐**Male  **☐**Female | | | **Date of birth** (please use the format of year/month/day; example: 2014/11/01): | | | | | | | | | | | | | **Age** (eligibility is between the ages of 25-35 ONLY)**:** | | |
| **City, Province, and Country of birth:** | | | | | | | | | | | | **Citizenship** | | | | | | |
| **Candidate Contact Information** | | | | | | | | | | | | | | | | | | |
| Home address: | | | | | | | | | | | City: | | | | | | | |
| Province: | | | | | | | | | | | Country: | | | | | | | |
| Home telephone (including country/city code): | | | | | | Mobile phone (including country/city code): | | | | | | | | | Personal email: | | | |
| Do you prefer we use your work or personal email to communicate with you? | | | | | | | | ☐Work email  ☐Personal email | | | | | | | | | | |
| **Medical, physical, dietary, or other personal considerations.** Please describe any pre-existing medical considerations. Include any prescription medication you may be taking regularly or which may be required on an emergency basis for your condition. Please list any dietary or personal considerations that we should take into consideration should you be chosen (for example, vegetarian, halal, etc.). This will not affect candidate selection, but will enable us to make any necessary accommodations if you are accepted to the program. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **The U.S. government and the Maureen and Mike Mansfield Center do not discriminate against applicants because of race, color, religion, sex, age, national origin, disability, or any other protected characteristic as established by U.S. law.** | | | | | | | | | | | | | | | | | | |
| **If selected to participate in the program, would you require any special assistance or accommodation due to a disability or special need?** 🞏 Yes 🞏 No  **If you answered YES to the question above, please provide more details so that we may best accommodate your needs should you be selected:** | | | | | | | | | | | | | | | | | | |
| 1. **PROFESSIONAL EXPERIENCE** | | | | | | | | | | | | | | | | | | |
| **The Young Southeast Asian Leaders Initiative is organized around four thematic areas. Please select the thematic area that matches your current work and professional goals:**  🞏 Civic Engagement 🞏 Economic Empowerment 🞏 Education 🞏 Environmental Sustainability | | | | | | | | | | | | | | | | | | |
| **Are you currently employed?** 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | | | |
| If yes, do you work:🞏 Full-time 🞏 Part-time | | | | | | | | | | | | | | | | | | |
| Job Title: | | | | | | | | | | Name of employing organization: | | | | | | | | |
| Start date at this employer(MM/YYYY): | | | | | | | | | | Number of staff you supervise: | | | | | | | | |
| Name of your supervisor: | | | | | | | | | | Supervisor email: | | | | | | | | |
| Work address: | | | | | | | | | | City: | | | | | | | | |
| Province: | | | | | | | | | | Country: | | | | | | | | |
| Please list a business web address if you have one: | | | | | | | | | | | | | | | | | | |
| Work telephone (including country/city code): | | | | | | | | | | | | | | | | | | |
| Work email: | | | | | | | | | | | | | | | | | | |
| **Check the category that best describes your organization:**  🞏 National government 🞏 Local or regional government 🞏 Local non-governmental organization  🞏 International non-governmental organization 🞏 Multilateral organization (ex. UN) 🞏Media outlet  🞏 Local or national business 🞏 International business 🞏 Educational institution | | | | | | | | | | | | | | | | | | |
| **Choose the category that best describes your organization:**  🞏 National capital 🞏 Other 🞏Major City 🞏 Rural/small city | | | | | | | | | | | | | | | | | | |
| **Please describe your work:** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Past work experience:** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. **EDUCATIONAL EXPERIENCE** | | | | | | | | | | | | | | | | | | |
| **Educational Background.**  Please specify degrees and training, major or field of training, and year degree of certificate completed. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Volunteer experience and memberships in associations or clubs.** Please describe your current volunteer activities, including type of activity, organization affiliation, and general time commitment.  Please also describe any recent positions of responsibility held with volunteer organizations. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. **INTERNATIONAL EXPERIENCE** | | | | | | | | | | | | | | | | | | |
| **Have you traveled to the United States before?** 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | | | |
| **If yes, have you ever overstayed the dates allowed by your visa**? 🞏 Yes 🞏 No  **If yes, please provide information regarding your past travel to the United States.** This should include any travel to the U.S. for school, training, business, or personal travel. Please provide dates, reason for travel, and the type of visa you traveled on. If you have travel planned, but have not yet traveled, please provide that information as well. Please provide the source of funding for your trip. For example, if you traveled to the U.S. for school, who funded your schooling? | | | | | | | | | | | | | | | | | | |
| **Date of Entry to U.S.** | **Date of Exit from U.S.** | | | | **U.S. Visa Type (J, F, B, etc.)** | | | | **Host Institution (if applicable)** | | | | | **Purpose of Travel (study, personal, business, etc.)** | | | **Funding Source or Sponsor (personal, U.S. government, etc.)** | |
|  |  | | | |  | | | |  | | | | |  | | |  | |
|  |  | | | |  | | | |  | | | | |  | | |  | |
|  |  | | | |  | | | |  | | | | |  | | |  | |
|  |  | | | |  | | | |  | | | | |  | | |  | |
| **Family residing in the US** (please list names, relationship to you, and visa category, if known): | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Prior travel outside your home country in the past five years** (other than the US): | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Do you have a passport?** If so, *please attach a scan of the information page* which includes your name and personal information. | | | | | | | | | | | | | | | | | | |
| **Passport type:** 🞏 Official 🞏 Personal  **Passport number:**  **Country of issue:**  **Date of issue** (YYYY/MM/DD):  **Expiration date** ( YYYY/MM/DD): | | | | | | | | | | | | | | | | | | |
| **Are you a U.S. permanent resident or hold a green card?** 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | | | |
| 1. **ENGLISH LANGUAGE SKILLS** | | | | | | | | | | | | | | | | | | |
| **Please provide an accurate assessment of your English language proficiency.** High-level proficiency in English is required for this program. Mark an “x” in the box that corresponds with your English language skills in the categories below. | | | | | | | | | | | | | | | | | | |
|  | | ***Reading*** | | | | | ***Writing*** | | | | | | ***Speaking*** | | | | | ***Listening Comprehension*** |
| ***Native*** | |  | | | | |  | | | | | |  | | | | |  |
| ***Excellent*** | |  | | | | |  | | | | | |  | | | | |  |
| ***Good*** | |  | | | | |  | | | | | |  | | | | |  |
| ***Fair*** | |  | | | | |  | | | | | |  | | | | |  |
| ***Poor*** | |  | | | | |  | | | | | |  | | | | |  |
| **Please describe any professional or personal duties or activities that you currently conduct in English.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Do you speak any other languages?** (If so, please indicate fluency) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. **PROFESSIONAL & PERSONAL GOALS, INTEREST, & MOTIVATION** | | | | | | | | | | | | | | | | | | |
| **Please write a short biographic paragraph, written in third person, which would be used in program materials to tell others about you, should you be chosen for the program.** This paragraph should include a short summary of your professional work, educational background, family, and personal interests. It should tell people about who you are and what is important to know about you. This paragraph would be read by program officials, your fellowship host, and others interested in learning about the program (50-100 words). | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Please explain how you have helped to introduce a new idea, initiative, or product at your organization or company, and how you attracted support for it.** (150 words maximum) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Please describe a specific challenge in your community, organization, industry, or country. Include what you believe to be the key barriers to resolving this challenge.** (150 words maximum) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Taking the challenge you described above, please describe the steps you would like to take to address this challenge. Please explain the skills and resources that you possess as well as those that you would need to acquire in order to effectively address this challenge.** (150 words maximum) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **How would participating in this program impact your community and enhance your long term career goals?** (250 words maximum) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Please tell us if you have discussed this program with your supervisor or colleagues, and if your organization has agreed to your participation in the program and your absence for the five-week length of the program in the U.S.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Part of this program may require you to host a U.S. participant in your organization for 10-15 days.** Not every Asian Fellow will be asked to do this, as there will be 28 Asian Fellows and only 10-14 American Fellows. However, please state whether your business or organization would agree to host a U.S. participant in your field. There is no financial support required by your organization, as all expenses would be paid for by the program. The U.S. Fellow would potentially travel to Asia for 14 days in January - March 2017, so please note whether this would be an acceptable time for your organization to host an American expert. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **If you are chosen for this program, you would either travel to the US from approximately October 13 - November 19, 2016. (While these dates are expected, they are not definite.)**  Please note whether you are available to travel in either time frame, or if specific personal or work circumstances would not allow you to travel during one of these times. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **If you are chosen for this program, you will be placed in a fellowship for 4 weeks with a non-profit organization or similar organization to yours in Missoula, Montana.** Please describe the type of organization you would like to be placed with to maximize your learning objectives. This is very important to help us understand the work that you do, the work you would like to learn about, and your specific motivation for joining this fellowship program. We suggest that you do some internet research on organizations in the city of Missoula and make specific suggestions to strengthen your application. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **I wish to join the YSEALI Network to access virtual resources and networking opportunities for young Southeast Asian leaders.\*** 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | | | |
| **How did you learn about the YSEALI Professional Fellows Program?**  🞏 U.S. Embassy 🞏 U.S. State Department website 🞏 Internet search 🞏 Professional listserv or newsletter  🞏 Local press (TV, radio, newspaper) 🞏 Social media site (Facebook, Twitter, etc.)  🞏 Recommendation by a colleague/partner organization (name of colleague/organization):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |

**Validating Application**

I certify that the information given in this application and all attached materials is complete and accurate to the best of my knowledge.  In signing this application I certify that I am not an employee, spouse, or a dependent of an employee of (Program Agency) or the U.S. Department of State.  I understand that in addition to the selection process outlined in this application, the final decision of my application and my status as a YSEALI Professional Fellow is contingent upon program funding, on the ability of (Program Agency) to place me at an appropriate U.S. organization, and on my ability to receive and maintain a J-1 visa to the United States.  If selected as a YSEALI Professional Fellow finalist, I agree to abide by the stipulations of the J-1 visa requirements, and by all program regulations, and to return to my home country for a minimum of two years upon completion of the YSEALI Professional Fellows Program.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature                                                                                Date**