**2024 Study of the United States Summer Institute (SUSI) for**

**Student Leaders on Civic Engagement   
Application Form**

Please send your completed application, saved in Microsoft Word format, with a subject line “2023 SUSI for Students” by email to [TbilisiExchanges@state.gov](mailto:TbilisiExchanges@state.gov). Applications saved in PDF format will not be accepted.

**Application submission deadline:   
November 30, 2023, 18:00 (applications received after the deadline will not be accepted).**

Personal Information:

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|  | | | Surname (Last) Name | | | | First Name | | | | |  |  | | | |  |  | | | | | | | | | | | |
|  | | | ***(AS IT APPEARS IN YOUR PASSPORT)*** | | | | | | | | | | | | | | | | | |  | |  | | | | |  |  |
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|  | | | Date of Birth (Month/Day/Year) | | | |  | | | | |  | City of Birth | | | |  | Country of Birth | | | | | | | | | | | |
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|  | | | Country of Residence | | | |  | | | | |  | Country of Citizenship | | | | | | | | | | | | | | | | |
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|  | | | Home Address | | | |  | | | | |  | Postal Code | | | |  |  | | | | | | | | | | | |
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|  | | | Cell phone | | | |  | | | | |  | Home Telephone | | | |  | E-mail | | | | | | | | | | | |
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|  | | | *(NOTE: Please include the telephone code for your city or region.)* | | | | | | | | | | | | | | | |  | | | | | |  |  |  | | |
|  | | | ☐ Male | | | | ☐ Female | | | | |  |  | | | |  |  | | | | | | | | | | | |
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|  | | | Medical, Physical, Dietary or other Personal Considerations: *Please describe any pre-existing medical conditions, including any prescription medication the candidate may be taking, or any other dietary or personal consideration.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Academic Major, University: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Major field | | | |  | | | | |  | Year in University | | | |  | Graduation Date | | | | | | | | | | | |
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|  | | | Home University Name | | | |  | | | | |  |  | | | |  |  | | | | | | | | | | | |
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| Emergency Contact Number and Email | | | | |  | | | | |  | Emergency Contact Name and Relationship | | | |  |  | | | | | | | | | | | | | |
|  | | | Membership in Associations, Clubs, etc.: | | | | | | | | | | | | | | | | | |  | |  | | | | |  |  |
|  | | | Organization | | | |  | | | | |  | Position | | | |  | Dates of Membership | | | | | | | | | | | |
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|  | | | Work History and Volunteer Experience | | | | | | | | | | |  | | | | | | | |  | |  | | | | | |
|  | | | Organization | | | | | | | | |  | Position | | | |  | Dates | | | | | | | | | | | |
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|  | | | Evidence of English Fluency (How many years have you studied English?) | | | | | | | | | | | | | | | | | |  | |  | | | | |  |  |
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|  | | | U.S. Travel: | | | | | | | | | | | | | | | | | |  | |  | | | | |  |  |
|  | | | *Purpose of visit(s)* | | | |  | | | | |  | *Dates* | | | |  | *US Government-funded* | | | | | | | | | | | |
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| 1. 1 | | | Family Residing in the United States.  Please list any immediate family members who are currently residing in the United States, including city and state: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | English Proficiency: | | | |  | | | | |  |  | | | |  |  | | | | | | | | | | | |
|  | | | Reading: | | | | ☐ Excellent | | | | |  | ☐ Good | | | |  | ☐ Fair | | | | | | | | | | | |
|  | | | Writing: | | | | ☐ Excellent | | | | |  | ☐ Good | | | |  | ☐ Fair | | | | | | | | | | | |
|  | | | Speaking | | | | ☐ Excellent | | | | |  | ☐ Good | | | |  | ☐ Fair | | | | | | | | | | | |
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1. Personal Essay (Limit 500 words).

Tell us about yourself and your goals including the following:   
- What about your background and interests that make 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 exchange affect you personally or professionally?

**Applications without essays will not be considered**.