JYEP Application Form

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|  | Please paste your Passport size photograph here. |
| Instructions: The applicant and his/her parents/guardian must complete all appropriate sections of this form. Required attachments: 1 passport All required Educational certificate; other achievements certificate; copy of the applicant's passport or an equivalent identification document, as required. (For privacy reasons data will only be used for Youth Exchange Program purposes and will not be disclosed outside of the program without prior consent.) |
| **I. APPLICANT BASIC INFORMATION** |
| First Name:  |  | Last Name: |  |
| Gender: |  | Birth Date: |  |
| Marital Status: |  |  |  |
| Address 1: |  | Address 2: |  |
| City: |  | State: |  | Zip: |  |
| Phone (Home: |  | Mobile: |  |
| Your Email Address: |  |
| Have you previously participated in any YJA, YJP, Jain-related youth Programs or Study Abroad? | YES |  | NO |  |
| If yes, where and when? |  |
| Hobbies & Other interests |  |
| Nationality |  | Passport No: |  |
| India Visa | Yes |  | No | Parents/Sibliings/anyone staying in India? |  |
| Drivers License Number |  | International Drivers License (if applicable) |  |
| Primary Language Spoken: |  | Other Languages: |  |
| **COLLEGIATE INFORMATION** |
| Name of Undergraduate Institution: |  | Current Year in School:  |  |
| Major(s) Studied / Areas of Concentration  |  | Minor(s) Studied / Secondary Areas of focus |  |
| Cumulative GPA |  |
| *Graduate Program information* |
| Name of Graduate Institution: |  | Current Graduate Year of Study |  |
| Degree Program: |  | If “Other” please specify:  |  |
| **APPICANT’S HEALTH, MEDICAL, AND DIETARY DATA** |
| Are you able to participate in sports? |  |
| Current medications / prescriptions / pre-existing conditions |  |
| Current Blood Type (optional) |  | Allergies |  |
| Medical / religious / dietary restrictions |  |  |  |
| Family Doctor (if applicable) | Name |  |
| Email Address: |  | Phone |  |

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| **II. APPLICANT FAMILY DATA** |
| Father / Guardian’s Name: |  |
| Father / Guardian’s Occupation: |  | JAINA Member | Y |  | N |  |
| Street Address: |  |
| City: |  | State: |  | Zip / Post Code: |  |
| Phone (home) |  | Mobile: |  |  |
| Email address: |  |
| Mother / Guardian’s Name: |  |
| Mother / Guardian’s Occupation: |  | JAINA Member | Y |  | N |  |
| Street Address: |  |
| City: |  | State: |  | Zip / Post Code: |  |
| Phone (home) |  | Mobile: |  |  |
| Email Address: |  |
| Siblings | Name | Occupation | Relationship |
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| **SIGNATURE OF PARENT / GUARDIAN** |  | **DATE** |  |
| **FULL NAME** |  |
| **III. HOW DID YOU COME TO KNOW ABOUT THIS PROGRAM?** |
| JAINA Newsletter |  | YJA Newsletter |  | YJP Newsletter |  |
| Social Media |  | If “Other”, please specify: |  |
| **III. EXTRA CURRICULAR ACTIVITIES / ACCOMPLISHMENTS** |
| Please describe your extra curricular activities in detail: |
|  |
| Please describe your accomplishments / awards in detail: |
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| If accepted to participate, I agree to abide by the policies of the JAINA’s Jain Youth Exchange Program. I understand that unauthorized extended personal travel or leaves of absences during the program are prohibited and that my participation is not for tourism, formal education or employment. Any serious violation of the program's policies on my part can, at the discretion of the host JAINA’s program, result in immediate termination of my visit at my expense. |
| **SIGNATURE OF APPLICANT** |  | **DATE** |  |
| **FULL NAME** |  |
| NOTE:  |  |  |  |  |  |
| 1. Attach of cover letter & resume  |
| 2. Copy of college transcripts |
| 3. Copy of Passport |
| 4. Copy of Driver’s License | 5. (Optional) Please provide any other information you feel would be important for review |

Thank you for applying to the Jain Youth Exchange Program.

For more details, please visit: [www.jaina.org/jyep](http://www.jaina.org/jyep).

If you further questions or inquiries,

please email jyep@jaina.org or call 510-730 0204