YOUTH AMBASSADORS PROGRAM WITH CANADA

Sponsored by the Bureau of Educational and Cultural Affairs, United States Department of State
Organized by The Center for the Study of Canada, SUNY Plattsburgh
With Support from
The United States Embassy Ottawa & Fulbright Canada

PROGRAM DESCRIPTION

The Youth Ambassadors Program with Canada is a three-week exchange for Canadians to visit the United States. Conducted in the English language, the program brings together students, ages 15 to 18, and adult mentors from across Canada to promote mutual understanding, increase leadership skills, and position youth to make a difference in their communities. Program themes include civic education, community service, youth leadership, and social inclusion.

The program employs a highly interactive approach through a range of workshops, meetings, and site visits, plus home stays with American families. Through direct engagement with leaders of community, public, and private entities in several program locations, Youth Ambassadors will better understand civic participation and the rights and responsibilities of citizens in a democracy. Upon returning home, Youth Ambassadors will apply what they learned to implement community service projects that meet needs in their own communities, and will be engaged in mentoring, networking, and alumni network initiatives.

The Youth Ambassadors Program with Canada is an intensive program with three segments:
1) Pre-departure orientation in Ottawa, Ontario, Canada, from July 17 to 18, 2017.
2) Exchange experience in the United States of America, to include:
3) Return home travel by August 6, 2017 followed by implementation of post-exchange community service activities in Canada, reporting, and alumni engagement.

The Youth Ambassadors Program with Canada delivers an exceptional content-rich educational opportunity – that will result in significantly deeper knowledge and appreciation by Youth Ambassadors of citizen-engaged participatory democracy in the United States, the value of community service activities, and the leadership skills required to undertake successful community service initiatives. An integral element of this program is for Youth Ambassadors to plan and implement a variety of in-country educational activities upon their return to Canada.

The program will cover travel, meal, and accommodation costs associated with exchange participation from July 17 to August 6, 2017. Participants will provide their own personal spending money. Although participants will have health care benefits during the exchange in the United States, covered medical expenses are subject to limitation, and pre-existing conditions are not covered; participants will also be responsible for the $25 co-pay required for each visit to a doctor’s office in the United States.

Application Timeline: Applications are due Thursday, March 30, 2017. Interviews for highly qualified applicants will take place during April. Acceptance will be issued by May.
The program sponsors seek energetic and mature applicants who are ready to advance their skills to be effective leaders in their schools and communities. Applicants must demonstrate motivation and commitment to active engagement in all three program segments of the Youth Ambassadors Program with Canada. Applicants are expected to present a clear interest in the United States, the three themes (civic education, community service, youth leadership), and sub-theme (social inclusion) of the exchange program.

Youth and adults with Canadian citizenship only are eligible to apply; dual U.S. citizens are not eligible. Applicants must have fluent English language skills. Preference will be given to applicants who have not had previous experience studying or traveling in the United States.

The group of selected participants must represent the diversity of Canada with characteristics that achieve geographic, ethnic, gender, and socio-economic balance. We especially encourage applications from first generation Canadians, Canadians born outside Canada, and Canadians from indigenous populations including First Nations, Métis, and Inuit.

**INVITATION FOR YOUTH APPLICATIONS:** Students must be between 15 and 18 years old at the start of the actual program on July 17, 2017. To be accepted for the program, a student must have at least one semester (a minimum of 4 months) remaining of secondary school or CEGEP after participation in the exchange. **Students who expect to graduate from secondary school or CEGEP in June 2017 are ineligible to apply.** Permission for youth participation must be granted from parents/legal guardians and schools.

Youth applicants will be evaluated on the following characteristics:
- A demonstrated interest in and commitment to volunteer participation in civic activities
- Leadership potential
- Good social and communication skills
- Good academic performance
- Ability and willingness to add value to the common experience
- Genuine interest in an American home stay experience
- Ability to implement activities that benefit the applicant’s school and/or community
- Ability to represent the diversity of Canada

**INVITATION FOR ADULT MENTOR APPLICATIONS:** Adults active as teachers, trainers, school administrators, and/or community leaders who work with teenaged youth are highly encouraged to apply. Adults accepted for the program will demonstrate a commitment to supporting teenaged youth and to facilitating the youth participants of the exchange program to become productive and responsible members of society. While participating in the program, adults will be expected to assist with tasks such as chaperoning, teaching, empowering youth, serving as a role model, and coordinating with program staff.

Adult applicants will be evaluated on the following characteristics:
- A demonstrated interest in and commitment to volunteer participation in civic activities
- Demonstrated history of supporting youth activities
- Strong record in teaching and/or youth program involvement
- Strong interpersonal and leadership skills

The selection of youth and adult mentor participants for the Youth Ambassadors Program with Canada will be merit-based. Note that a criminal background check is required for all selected participants. All selected participants are expected to be willing and available to communicate periodically with fellow program participants and administration to support in-country, follow-on community service project implementation and alumni activities after the exchange experience.
APPLICATION INSTRUCTIONS

Please fill out the application as completely as possible in English. The information you provide on this application will serve as the basis for selecting semi-finalists for this program. Answer the questions carefully and completely. Before completing an application, applicants should thoroughly read the “Program Description, Applicant Eligibility and Criteria Selection, Application Instructions and Application Submission” to ensure that the eligibility criteria are met. There is no fee to apply.

ONLY COMPLETED APPLICATIONS WILL BE REVIEWED. The complete application consists of:

- Application form
- Short essays (answers required to all questions)
- Three References
- AUTHORITY FOR RELEASE OF INFORMATION – CANADA form
- Adult applicants are to also submit a C.V. or résumé

Questions regarding the Youth Ambassadors Program with Canada are welcome. Feel free to contact us at:
E-mail: youth.ambassadors.canada@gmail.com
Phone: (613) 688-5521 in Canada; or (518) 564-2385 in the U.S.A.

APPLICATION SUBMISSION

TO BE GUARANTEED FULL CONSIDERATION, PLEASE BE CERTAIN THAT THE COMPLETE APPLICATION IS RECEIVED NO LATER THAN THE APPLICATION DEADLINE OF THURSDAY, MARCH 30, 2017.

Early submission of applications is highly encouraged.

SUBMISSION OPTION #1: ELECTRONIC

Applicants are encouraged to send their completed application by e-mail in one comprehensive, scanned file as a PDF attachment by the deadline to:
E-mail: youth.ambassadors.canada@gmail.com

Note: Applicants who send their completed application electronically are also required to send by mail the original, hard copy SIGNATURE page of the application plus the AUTHORITY FOR RELEASE OF INFORMATION – CANADA form to Fulbright Canada at the mailing address listed below.

SUBMISSION OPTION #2: MAIL

As an alternative to an electronic submission, applicants are welcome to mail their completed application to:
ATTN: Youth Ambassadors Program
Fulbright Canada
350 Albert Street, Suite 2015
Ottawa, ON K1R 1A4

Note: We strongly recommend that applications sent by mail be postmarked no later than March 20, 2017, to be guaranteed full consideration. Submitting an electronic copy is preferred to avoid loss or delay.
APPLICATION FORM FOR ADULTS

Legal Name ____________________________________________________________________________

Last (Family) Name ___________________________________________ First Name _______________________
Middle Name ___________________________________________

(Enter name exactly as it appears on official documents.)

Preferred Name (if not First Name) ___________________________________________ Gender (Check one) Male ___ Female ___

Date of Birth ______/______/___________

Day Month Year

Permanent Home Address _______________________________________________________________

Number & Street _____________________________________________________________ Apt. Number ________________

City, Province/Territory ______________________ Postal Code ________________

Home Telephone ____________________________ Cell /Other ____________________________

Preferred Telephone (Check One) Home ___ Cell/Other ___

Email ______________________________________________________________________________

Current mailing address for program correspondence, if different from above. From ____________ To ____________

Date ____________________________ Date ____________________________

Number & Street _______________________________________________________________________

City, Province or Territory ______________________ Postal Code ________________

If current address is a school, write school name _______________________________________________________________________

City and Country of Birth ___________________________________________ Number of Years Living in Canada ______

Country of Citizenship ____________________ Country of permanent legal residence ________________

Do you have a valid passport? Yes ___ No ___ If yes, Issuing Country _____________________________

Passport Number ____________________________ Expiration Date ____________________________

Note: Please be advised that a valid Canadian passport is required for participation in this program. If you are offered conditional acceptance in the program, you must submit a copy of your Canadian passport no later than June 1 to confirm eligibility to participate in the exchange program. If you are accepted as a participant and do not have a current Canadian passport, funds are available, if needed, to offset passport application fees.
Applicant Name: ____________________________________________________

Last (Family) Name    First Name

Have you lived and/or studied in the United States or in another country? Yes ___ No ___
If yes, where and when:

Describe any travel you have taken to the USA:

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<tr>
<th>First Language</th>
<th>Additional Language Proficiency:</th>
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Additional Languages (name languages and check all that apply)

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<tr>
<th>Additional Languages (name languages and check all that apply)</th>
<th>Speak</th>
<th>Write</th>
<th>Read</th>
<th>Spoken at Home</th>
<th>Number of Years</th>
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Ethnic Origin (categories taken from the Canadian census; please check all that apply)

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<tr>
<th>___White/Caucasian</th>
<th>___Black / African</th>
<th>___Chinese</th>
<th>___South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)</th>
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<tbody>
<tr>
<td>___Filipino</td>
<td>___Latin American / Hispanic</td>
<td>Arab</td>
<td>___Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)</td>
</tr>
<tr>
<td>___Korean</td>
<td>___Japanese</td>
<td>___Pacific Islander</td>
<td>___West Asian (e.g., Iranian, Afghan, etc.)</td>
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</tbody>
</table>

Indigenous Person (Status or Non-Status Indian)

<table>
<thead>
<tr>
<th>___First Nations/North American Indian; if yes, which First Nation Band:</th>
<th>Other – Specify</th>
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<tbody>
<tr>
<td>___Métis</td>
<td></td>
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<td>___Inuk</td>
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Marital Status (Check one)

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<tr>
<th>___Never legally married (and not separated)</th>
<th>___Legally married (and not separated)</th>
<th>___Separated, but still legally married</th>
<th>___Divorced</th>
<th>___Widowed</th>
</tr>
</thead>
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Highest degree/diploma earned __________________________________________________________

Specialization _________________________________________________________________________

School Name ___________________________________________________ Date Completed _________

Employer Name _______________________________________________________________________

Job Title ___________________________________________________ How long at this job _________

Employer Address _________________________________________________________________

Number & Street __________________________ Apt. Number __________________________

City, Province/Territory __________________________ Postal Code __________________________

Employer Telephone Number __________________________

Supervisor Name and Title __________________________
ADULT APPLICATION: For Summer 2017

Applicant Name: ____________________________________________________

Last (Family) Name    First Name

INFORMATION COLLECTED BELOW IS FOR THE PURPOSE OF
HOME STAY PLACEMENT IN PLATTSBURGH, NY

Dietary restrictions or preferences, if any ___________________________________________________
(For example, vegetarian, no pork, kosher, halal, no shellfish, etc.)

List allergies, if any ___________________________________________________________________
(For example, allergic to pollen, shellfish, peanuts, cats, dust, etc.)

The program is committed to a healthy and balanced diet. List some foods you eat regularly for breakfast, snacks, and dinner:

Are you open to trying new foods? Yes ___ No ___

Please disclose any health conditions (physical or mental) for which you have received professional treatment in the past year or that may require attention during your participation in a three-week exchange program:

Please disclose if you have recently seen a professional or been treated for behavioral or emotional difficulties:

Who lives in your household (parents, siblings, extended family, pets, others)?

Many American families have pets living in their homes. Are you allergic to dogs or cats? Yes ___ No ___

Please indicate whether you would be comfortable living in the following situations (check all that apply).

| ____ Dog(s) with free roam of the house | ____ Dog(s) in the house, but kept out of my bedroom |
| ____ Cat(s) with free roam of the house | ____ Cat(s) in the house, but kept out of my bedroom |
| ____ No cat(s) on my host family’s property | ____ No dog(s) on my host family’s property |

Do you smoke? Yes ____ No ____

Describe where and how frequently you use the internet, and list any social networking sites you use regularly:

Explain what you usually do in your free time:

SIGNATURE

SIGNATURE OF APPLICANT
With the submission of this application, I certify that all information provided is true.

_________________________________________________________ Date ___________________
Applicant Signature         Day/Month/Year
RESUME/C.V.

PLEASE ATTACH YOUR RESUME OR C.V. FOR CONSIDERATION WITH THIS APPLICATION. REVIEW THE QUESTIONS BELOW. IF ANSWERS TO THESE QUESTIONS ARE NOT ADDRESSED ON YOUR RESUME OR C.V., THEN PLEASE ATTACH AN ADDITIONAL ONE PAGE THAT PROVIDES ANSWERS TO THE FOLLOWING QUESTIONS CONCERNING YOUR BACKGROUND AND EXPERIENCE.

1. What are your specific job responsibilities? If a teacher, what subjects do you teach?

2. Describe activities (extracurricular, community, hobbies, clubs, work, etc.) in which you participate, and how long you have been involved with each.

3. Describe any honors or special recognition you have received, for what and when.

4. What kinds of programs, events, or activities have you participated in that serve to involve youth in your community? What did you do specifically?

SHORT ESSAY QUESTIONS

PLEASE WRITE YOUR ANSWERS TO THE FOLLOWING MANDATORY QUESTIONS ON SEPARATE PAGES AND ATTACH TO YOUR APPLICATION. EACH ANSWER SHOULD BE NO MORE THAN A HALF PAGE IN LENGTH, TO TOTAL NO MORE THAN THREE PAGES FOR ALL ANSWERS TO THE SHORT ESSAY QUESTIONS.

A. What is your motivation for applying to this program?

B. Why do you feel it is important for Canadian youth to learn about the United States of America?

C. What do you find to be the most challenging aspect(s) in working with youth, and how have you dealt with overcoming such challenge(s)?

D. What leadership characteristics do you possess that will help you mentor youth selected for this program?

E. Discuss your commitment to continuing work related to youth leadership in your country and your ideas for how your participation in the Youth Ambassadors Program will benefit your community.

F. Is there anything else you would like to share about yourself?

REFERENCES

THREE REFERENCES ARE REQUIRED FOR EACH APPLICANT. THREE REFERENCE FORMS ARE PROVIDED AS PART OF THIS APPLICATION PACKAGE FOR THIS PURPOSE. REFERENCES ARE TO BE PROVIDED BY ADULTS, SUCH AS YOUR SUPERVISOR, COLLEAGUES, OR OTHER ADULTS WHO KNOW YOU WELL BUT WHO ARE NOT FAMILY MEMBERS. IT IS STRONGLY ENCOURAGED FOR EACH REFERENCE TO ALSO ATTACH A LETTER OF RECOMMENDATION TO THE REFERENCE FORM.
ADULT APPLICATION: For Summer 2017

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REFERENCE 1

APPLICANT INSTRUCTIONS: Fill in your name below and give this form to an adult outside your family who knows you well. This form is to be completed in English. It is strongly encouraged that each reference also attach a letter of recommendation to this form. Ask the reference to fill out the form, attach a letter of recommendation, and return it to you. To be guaranteed full consideration, complete applications must be received by the Youth Ambassadors Program, Fulbright Canada, 350 Albert Street, Suite 2015, Ottawa, ON, Canada K1R 1A4; E-mail:youth.ambassadors.canada@gmail.com; Tel: (613) 688-5521 by the March 30, 2017, deadline.

APPLICANT NAME ______________________________________________________________________

FOR THE REFERENCE: The person named above is applying to an exchange program involving a three-week trip to the United States for a group of approximately fifteen participants to include two adults from Canada. The selected participants will be in a challenging academic environment and intensive leadership training. To succeed, participants must be highly motivated and be able to adjust to living and working with people of different social and cultural backgrounds. We value your honest assessment of the applicant to help us select the most appropriate participants. We strongly encourage you to attach a letter of recommendation to this form with additional comments. Your recommendation will be evaluated along with the applicant’s own application.

Please indicate your opinion of this applicant’s ability to meet the challenges of this program. Check one:

I strongly recommend this applicant
I have minor reservations about recommending this applicant
I recommend this applicant
I have major reservations about recommending this applicant

How long, and in what context, have you known this applicant?

What are the applicant’s strengths?

What are the academic or personal areas in which this applicant needs more development?

Please describe the applicant’s behavior with respect to authority, peer relationships, and activities.

Do you think the applicant would adapt well to unfamiliar environments and new situations? Why or why not?

Name (printed) ______________________________________________________________________

Signature ___________________________ Date ______________

Day/Month/Year
ADULT APPLICATION: For Summer 2017

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Name (printed) ___________________________________________ Date _______________

Signature _______________________________________________________________________ Day/Month/Year

6 YOUTH AMBASSADORS PROGRAM WITH CANADA ● This application is free of charge and may be duplicated.
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REFERENCE 3

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Do you think the applicant would adapt well to unfamiliar environments and new situations? Why or why not?

Name (printed) ______________________________________________________________________

_____________________________ Date _______________
Signature Day/Month/Year

7 YOUTH AMBASSADORS PROGRAM WITH CANADA ● This application is free of charge and may be duplicated.
Please provide the following:
- Your entire last and first name, with hyphens, apostrophes or other punctuation marks if applicable.
- Your current telephone number
- Current full address of residence (number, street, unit number, quadrant, city, state and zip code)
- Your current nationality. If U.S. citizen, enter U.S.
- Your date of birth and place of birth (city, state, province or territory and country if applicable)
- State and/or province or territory where your driver's license was issued
- Driver's license number (if applicable)
- Any other names used (maiden, nicknames, etc.)

<table>
<thead>
<tr>
<th>Full Name (Last, First, MI)</th>
<th>Telephone Number</th>
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<tr>
<th>Current Address</th>
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<table>
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<tr>
<th>Nationality</th>
<th>Date of Birth (mm-dd-yyyy)</th>
<th>Place of Birth</th>
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<tr>
<th>Driver's License Number(s)</th>
<th>State, Province, or Territory Issued By</th>
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<th>Any Other Names Used</th>
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To Whom It May Concern:

I hereby authorize any investigator of the United States Department of State and/or the United States Federal Bureau of Investigation (FBI), bearing this release or a copy thereof, within 180 days of its date, to obtain information from the Royal Canadian Mounted Police (RCMP), Ottawa Police Service, other Canadian police services, educational institutions, employers, criminal justice agencies, or individuals relating to my activities while in Canada. This information specifically includes verification of employment, verification of education and any disciplinary, arrest and/or conviction records. I hereby direct you to release such information upon request of the bearer.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated above.

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<th>Signature</th>
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PRIVACY ACT STATEMENT

AUTHORITIES: The information is sought pursuant to PUBLIC LAW 108-458 Intelligence Reform and Terrorism Prevention Act (December 17, 2004) and all regulations issued pursuant to Executive Order 12968 Access to Classified Information (August 2, 1995).

PURPOSE: The information solicited by and maintained on this form, including the Respondent's Date and Place of Birth, is necessary to allow for the full investigation of requests to grant access to sensitive data and/or worksites located inside the Department of State's control.

ROUTINE USES: The information on this form may be shared with outside agencies that may use the information to perform routine security screenings and/or records checks. Providing this information is voluntary. Failure to provide the information requested on this form may result in the Department of State being unable to fully consider the request to access sensitive data and/or worksites. In such an instance, the Department of State could deny the request to access sensitive data and/or worksites.