



The Bureau of Educational and Cultural Affairs  
 U.S. Department of State  
 Through  
 Northern Illinois University (DeKalb, U.S.A)  
 In partnership with  
 Xavier University-Ateneo de Cagayan

**PHILIPPINE YOUTH LEADERSHIP PROGRAM**  
 Batch 16 (2019)

Theme:  
 “Engaging Youth Advocates in Environmental Preservation and Peacebuilding”

A one-year project that covers workshops and learning activities, including a four-week campus-based study and exposure period in the U.S., focusing on youth leadership development, civic education, respect for diversity, and community engagement.

**APPLICATION FORM: ADULT PARTICIPANT**

<p>Please print legibly and do not leave any item unanswered, Applications with incomplete entries or supporting documents and without spouse’s consent and institutional head’s consent are subject to disqualification.</p> <p>Completed forms and required documents should be placed in a sealed envelope and sent to: Maria Victoria B Trinidad, Arrupe Educational Center, SS 206, 2/F Social Science Building, Xavier University, Corrales Avenue, Cagayan de Oro City. For Application Questions: Email: PYLP Philippine Office at <a href="mailto:pylp@xu.edu.ph">pylp@xu.edu.ph</a></p> <p>Deadline for submission: November 16, 2018 <i>(Not date stamped)</i></p>	<p>Attach latest photo (do not staple)</p>
---	--

Please spell name EXACTLY as it is written on your birth certificate or passport.

**PERSONAL INFORMATION: (To be eligible, you must be 25-35 years old by April 2019)**

First Name (CAPITALS please): \_\_\_\_\_

Middle Name (CAPITALS please): \_\_\_\_\_

Last Name (CAPITALS please): \_\_\_\_\_

Sex:  Male  Female

Religion: \_\_\_\_\_

Ethnicity/Tribe: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Permanent Email Address: \_\_\_\_\_

Permanent Mobile Numbers: \_\_\_\_\_

**PASSPORT INFORMATION**

Do you currently hold a Philippine passport?  Yes  No

If YES, Passport Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Valid Until: \_\_\_\_\_

Place Issued: \_\_\_\_\_

**PARENTS' INFORMATION**

Father's Name: \_\_\_\_\_

(Family Name, First Name, Middle Name)

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Religion: \_\_\_\_\_

Ethnicity/Tribe: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company/Business Address: \_\_\_\_\_

Father's Permanent Mobile #: \_\_\_\_\_

Father's Permanent Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

(Family Name, First Name, Middle Name)

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Religion: \_\_\_\_\_

Ethnicity/Tribe: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company/Business Address: \_\_\_\_\_

Mother's Permanent Mobile #: \_\_\_\_\_

Mother's Permanent Email Address: \_\_\_\_\_

Parents' Address (if not the same as your address):

\_\_\_\_\_  
\_\_\_\_\_

**SPOUSE'S INFORMATION**

Spouse's Name: \_\_\_\_\_

(Family Name, First Name, Middle Name)

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Religion: \_\_\_\_\_

Ethnicity/Tribe: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company/Business Address: \_\_\_\_\_

Spouse's Permanent Mobile #: \_\_\_\_\_

Spouse's Permanent Email Address: \_\_\_\_\_

Name(s) and Age(s) of Children:

_____	_____
_____	_____
_____	_____

Please indicate your hobbies and interests:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ACADEMIC INFORMATION**

Level	School	Inclusive Dates	Awards and Recognitions
Grade School			
Junior High School			
Senior High School			
Bachelor's Degree			
Master's Degree			
Doctoral Degree			

**PROFESSIONAL and WORK EXPERIENCE (From latest to earliest)**

Complete Name of Organization	Position	Inclusive Dates	Activities

Field(s) of Specialization: \_\_\_\_\_  
Professional Examinations (PRC): \_\_\_\_\_  
National Certifications (TESDA): \_\_\_\_\_

**EMPLOYER INFORMATION (Current; Full-Time)**

Name of Employer: \_\_\_\_\_  
Address of Institution/Company: \_\_\_\_\_  
Landline Numbers: \_\_\_\_\_  
Official Mobile Number: \_\_\_\_\_  
Website: \_\_\_\_\_  
Official Email Address: \_\_\_\_\_

**MEMBERSHIP IN ORGANIZATIONS**

Complete Name of Organization	Position	Inclusive Dates	Activities

**SCHOLARSHIP, GRANTS AND AWARDS**

Name of Scholarship/Grant/Award	Scale (Local/National/International)	Institution Giving Award	Inclusive Dates

**RESEARCH and PUBLICATIONS**

Title of Works	Role	Where published?	Inclusive Dates

**SEMINARS, TRAININGS, WORKSHOPS**

Name of Activity	Role	Provider/Sponsor	Inclusive Dates

**SHORT ESSAYS:**

**1. Describe your community and how people work together to promote the general welfare of the community. (No more than 100 words)**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**2. Mother Theresa once said, "I alone cannot change the world, but I can cast a stone across the waters to create many ripples." Comment on this quote in relation to you and your community. (No more than 100 words)**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**OTHER INFORMATION**

Do you have relatives within the first degree of consanguinity who are recipients of a study grant or have participated in a U.S. Department of State program?

If **NO**, proceed to **REFERENCES**; if **YES**, please indicate below:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Name of Program: \_\_\_\_\_  
Inclusive Dates of Program: \_\_\_\_\_

Do you have member(s) of your family or relative(s) who are living in the US?  Yes  No

If YES, kindly provide information:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Complete U.S. Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Are you currently applying or planning to apply to any other US government-sponsored program?  Yes  No

If YES, please specify which program: \_\_\_\_\_

Program Dates: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Are you currently applying or planning to apply in a sponsored program in other countries?  Yes  No

If YES, please specify which program: \_\_\_\_\_

Program Dates: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Have you previously applied to PYLP?  Yes  No

If YES, please specify the year: \_\_\_\_\_

**REFERENCES**

(Kindly provide below two (2) names of disinterested persons who know you well and can vouch for your character)

Name (1): \_\_\_\_\_  
Position: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
School/Organization: \_\_\_\_\_  
Permanent Mobile Number: \_\_\_\_\_  
Permanent Email Address: \_\_\_\_\_

Name (2): \_\_\_\_\_  
Position: \_\_\_\_\_  
Relationship: \_\_\_\_\_

School/Organization: \_\_\_\_\_  
Permanent Mobile Number: \_\_\_\_\_  
Permanent Email Address: \_\_\_\_\_

**OTHER REQUIREMENTS:**

**Documents: (All documents should be authenticated by heads of concerned organizations/institutions)**

1. Original Birth Certificate issued by the Philippine Statistics Authority (PSA), formerly NSO
  2. Photocopy of Transcript of Records and Diploma of Highest Educational Attainment
  3. Photocopy of Marriage Certificate or Certificate of No Marriage (CENOMAR) issued by the Philippine Statistics Authority, formerly NSO
  4. Photocopy of company ID
  5. Certification of Good Moral Character
  6. Certificates of Membership in organization (signed by moderator)
  7. Certificates of Participation in seminars/workshops
  8. Certification of actual projects or community work undertaken, certified by LGU, authorized person in the community, or a person responsible for the project
  9. Original copy of endorsement of your application by your company or institution.
  10. Original copy of endorsement and commitment signed by your immediate supervisor to assist and support you in your proposed PYLP project.
  11. Photocopy of parents' marriage certificate issued by the Philippine Statistics Authority or CENOMAR in the case of solo parents (choose which is applicable)
  12. Photocopy of parents' birth certificates
  13. Completed application form with signed certification
- Signed and notarized Affidavit of Consent and Certificate of Undertaking by spouse when applicable

**Attached Photos should meet the following requirements:**

1. Passport photo per specifics required for U.S. visa application
2. Applicant is shown wearing formal blouse or polo with collar or blazer and the two ears are visibly shown



PYLP Privacy Policy

Your privacy is important to PYLP.

1. Applicant and Participant Information Content and Storage.

Information about program applicants and current and past participants consists of data contained in their applications, derived from interviews, and information gathered during the course of their program and as program alumni. PYLP stores this information in written and electronic form indefinitely. Some data, such as contact information and professional experience, is continually updated.

2. Use of Information: Information which is described above may be:

- A. Used by selection committees and interviewers to review applicants;
- B. Supplied to the program’s funding organization;
- C. Submitted to NIU, US Embassy in Manila, Philippines, and/or organizations that provide field experience opportunities; and
- D. Used for the evaluation of an individual’s participation in the program and in the collection of data for general program by PYLP, funding agencies and other organizations contracted to conduct evaluations.

PYLP does not sell applicant or current/past participant information.

The principles stated herein are binding only to PYLP; other organizations involved in the implementation of these programs may adhere to other privacy or similar policies.

**CERTIFICATION AND CONSENT**

I hereby certify that I have read and understood all sections of this form and that all facts and information placed herein are true and correct to the best of my knowledge. I further declare that any information given by me that may be untrue will be grounds for disqualification to the program.

Further, I subscribe and agree that the PYLP Selection Committee has the sole prerogative to select and nominate the delegates, and its decision is final and executory. If selected as a participant, I commit to participate actively in all the activities of the program.

\_\_\_\_\_  
Signature over Printed Name of Applicant

\_\_\_\_\_  
Date

**SPOUSE’S (IF APPLICABLE) AND INSTITUTION HEAD’S CONSENT FOR YOU TO PARTICIPATE IN THE PROGRAM:**

\_\_\_\_\_  
Spouse’s Signature over Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Institution’s Signature over Printed Name

\_\_\_\_\_  
Date

When submitting applications, please ensure completeness of information and requirements specified.

The following contact persons may assist you while completing the application:

**Special Notes:**

1. Shortlisted applicants will be directly notified as to date and location of the final interview.