



# Serbia Youth Leadership Program

THE SERBIA YOUTH LEADERSHIP PROGRAM  
IS A PROGRAM OF THE BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS (ECA)  
U.S. DEPARTMENT OF STATE AND ADMINISTERED  
BY AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION,  
YOUTH VENTURE, WORLD LINK AND FRACTAL



**AMERICAN COUNCILS** FOR INTERNATIONAL EDUCATION  
ACT R A C C E L S

## Program Description:

The Serbia Youth Leadership Program (SYLP) supports the development of community activism, leadership skills, respect for diversity, and civic education in youth from Serbia and the United States. This short-term cultural and educational exchange between high school students and teachers/community leaders from the U.S. and Serbia will introduce U.S. participants to civil society, civic activism, and contemporary issues in Serbia.

Twelve U.S. high school students and three teachers/community leaders will travel to Serbia in July 2010 for a two and a half -week program. Participants will take part in a five-day seminar in Belgrade that prepares them for their week long program in a community in or near Novi Pazar, Vrbas, or Uzice. Participants will be hosted by youth from Serbia who took part in a community program in Seattle, Minneapolis, and San Francisco in April 2010. Students will be divided into three groups and each group will be accompanied by a teacher or youth leader from the U.S. Each group will travel to a community in Serbia, to live with host families, and to actively participate in a program that focuses on community service and leadership development. SYLP participants will return to Belgrade to participate in an end-of-program conference where they will report back on their community programs, synthesize what they have learned and plan for ongoing activities.

## The Serbia Youth Leadership Program will enable participants to:

- develop their sense of civic responsibility and commitment to community development;
- become part of a group of community activists who will share their knowledge and skills with their peers through positive action and collaboration;
- foster understanding and build relationships with youth from different ethnic, religious, and national groups;
- develop a greater understanding of the history and culture of Serbia;
- promote mutual understanding between the people of Serbia and the United States.

## In order to be considered for participation in the program, candidates must:

- be currently enrolled in good standing in a U.S. high school
- be 15, 16, or 17 years of age as of April 1, 2010
- be a citizen or permanent resident of the U.S.
- demonstrate leadership potential
- have a desire to contribute to their community
- live in or near Minneapolis, San Francisco, or Seattle
- be in possession of a valid passport that does not expire before 2/28/2011 by June 15, 2010
- be able to travel to Serbia in July 2010
- Return a completed application to American Councils by April 23, 2010
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## SYLP Program Calendar

<b>Application Deadline for U.S. participants</b>	<b>April 23, 2010</b>
Pre-departure Orientation	July 2010
U.S. Participants depart for Serbia	July 11, 2010
Belgrade Seminar	July 12 – 17, 2010
Community Program (Novi Pazar, Vrbas, Uzice)	July 17 – 26, 2010
End of Program Workshop - Belgrade	July, 26-27, 2010
U.S. Participants return to the U.S.	July 28, 2010



## Serbia Youth Leadership Program

### How to Apply to the Serbia Youth Leadership Program:

- Complete pages 3, 4, 5, and 6 of the application.
- Request a **school transcript** from your school administrator.
- Give the health certificate (pages 9 & 10) to your physician or nurse practitioner to fill out. Once it has been filled out and signed by your physician, you and your parents must sign the form and return to American Councils.
- Give the Recommendation from a Teacher of Community Leader (pages 7 & 8) and an addressed and stamped envelope to a teacher or community leader to fill out and return to American Councils. The recommender should mail the form himself or herself.
- Mail page 3 – 6 of the application, your **school transcript** and the Health Certificate to American Councils at the address below.

### Serbia Youth Leadership Program

American Councils for International Education: ACTR/ACCELS

1776 Massachusetts Ave., NW, Suite 700

Washington, D.C. 20036

Telephone (202) 833-7522

Fax (202) 833-7523

Email: [jhomstad@americancouncils.org](mailto:jhomstad@americancouncils.org)

### Should you have any questions, please contact

Julia Homstad, Program Officer

Telephone: (202) 833-7522

Email: [jhomstad@americancouncils.org](mailto:jhomstad@americancouncils.org)

### Application Checklist

- Biographical Information completed
- School and Language Information Completed
- Volunteer, Community Service, and Leadership Information Completed
- Essays Completed
- Recommendation Form and envelope (with a stamp and addressed to American Councils) given to teacher or community leader
- School Transcript received
- Health Form completed by physician or nurse practitioner
- Health Form signed by applicant and parent
- Application, School Transcript, and Health Form mailed to American Councils.

## Application Deadline: April 23, 2010

Applications must be post marked by April 23, 2010 in order to be considered.



# Serbia Youth Leadership Program



## Biographical Data

### Candidate's Legal Name

Title: Mr. Ms.

First Name Middle Name Last Name Preferred Name /Nickname

### Mailing Address

This is the address for my: Mother Father Legal Guardian Other \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City & State: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Your Email Address \_\_\_\_\_ Birth date \_\_\_\_\_

### Information about the People with Whom I Live at the Above Address

I live with:

Father Mother Stepfather Stepmother Legal Guardian (check all that apply)

Who is your custodial parent? If more than one, check both.

Father Mother Stepfather Stepmother Legal Guardian (check all that apply)

Parent/Guardian:  Male Female

Legal name: First Name Last Name Business and/or Mobile Phone

Parent/Guardian:  Male Female

Legal name: First Name Last Name Business and/or Mobile Phone

### Contact Details of Any Parent or Legal Guardian at Different Address than Above

Legal name: First Name Last Name Business and/or Mobile Phone

Address City State ZIP Email

### Emergency Contact Information

If your Parent/Guardian cannot be reached, please indicate someone else whom we can contact:

First Name Last Name Relationship

Telephone Numbers (home, business, mobile)



## Serbia Youth Leadership Program

Candidate's Name: \_\_\_\_\_

### School Information

Grade (circle one):      9<sup>th</sup>              10<sup>th</sup>              11<sup>th</sup>              12<sup>th</sup>

School Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Name of Principal: \_\_\_\_\_

### Knowledge of Languages:

List your native language first, then rate yourself Excellent, Good, Fair, or Poor in all languages in which you have some competence.

Language	Reading ability	Writing ability	Speaking Ability	Listening Ability
1.				
2.				
3.				

### Volunteer, community service, and leadership activities

Describe any volunteer or community service activities in which you have participated during the past three years and any leadership positions you have held in the last three years:



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## Essay Questions

Candidates Name: \_\_\_\_\_

Please answer both questions in detail, with a maximum of 500 words for each answer

1. Why is it important to you to participate in a program that develops leadership skills and promotes community service?
2. Describe a problem you have faced in the past 2-3 years. What did you do? How did you resolve the problem? Why?

### Essay 1



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Candidates Name: \_\_\_\_\_

## Essay 2



## Serbia Youth Leadership Program

Application for 2010 Year Summer Program

### Confidential Recommendation from Teacher or Community Leader

Candidate: Mr./Ms.

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Name (First/Middle/Last)

Home City

Home State

#### Instructions

**To student:** Complete the information on the top of this form. Please ask one of your teachers or a community leader, who knows you well, to complete this form. Give the recommender this form and an envelope addressed to American Councils, **1776 Massachusetts Ave. NW, Suite 700, Washington, DC 20036, ATTN: SYLP**. This recommendation **MUST** be returned in a sealed and signed envelope.

**To recommender:** Please answer parts 1 and 2. Your answers on this form will be evaluated along with the student's own application materials to determine his/her suitability for this scholarship program, which focuses on the development of leadership skills and cultural exchange. Therefore we ask you to answer each part honestly, carefully and completely. Enclose the completed form in the accompanying envelope. This form must be filled out in English.

#### Part 1:

Please describe the student's behavior with respect to authority, peer relationships and participation in group projects with other students. What talents, interests and skills does this student have that will contribute to an international exchange experience? Please give examples.



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## Confidential Recommendation for Teacher of Community Leader (page 2)

Candidate: Mr./Ms \_\_\_\_\_

Name (First/Middle/Last) \_\_\_\_\_

### Part 2:

Please evaluate the student's character in the following categories (check the appropriate boxes):

Personality Traits	Excellent	Good	Fair	Poor
Maturity				
Openness				
Sense of humor				
Leadership				
Ability to adapt to new situations				
Ability to interact with others				
Honesty				
Responsibility				
Respect for Others				
Motivation				
Curiosity				

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you known this student? \_\_\_\_\_ Years

In what context have you known this student? \_\_\_\_\_

### Check one of the following and explain below:

- I feel this applicant is ready to become an exchange student.
- I have reservations about this applicant's readiness to become an exchange student.
- I do not recommend this applicant.

### Please explain:

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

Name of Recommender: \_\_\_\_\_

Last Name

First Name

Middle Name

Position of Recommender: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature of Recommender: \_\_\_\_\_

Signature

Date



# Serbia Youth Leadership Program

## Health Certificate

## Application 2010 Year Summer Program

To be completed by the candidate's physician or nurse practitioner. The physician should not be related to the candidate. For any "YES" responses please provide a detailed explanation or attach a separate report. American Councils reserves the right to ask for further information to determine if the candidate meets the program medical qualifications. The candidate and parent/legal guardian must also sign:

Title: Mr. Ms.

Candidate's Name (First/Middle/Last) \_\_\_\_\_ Date of birth \_\_\_\_\_

1 Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood type/Rh Factor \_\_\_\_\_ B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_

2 Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse, or respiration?  Yes  No If yes, explain \_\_\_\_\_

### Check Yes or No. Has the Candidate had the diseases/conditions listed below

Disease/Conditions	Yes	No
a) Measles		
b) Mumps		
c) Rubella		
d) Chicken Pox		
e) Poliomyelitis		
f) Hepatitis		
g) Tuberculosis		
h) Rheumatic Fever		
i) Cough (persistent, recurring)		
j) Headaches (persistent, recurring)		
k) Sleepwalking		
l) Enuresis		
m) Appendicitis		
n) Parasites (internal)		
o) Gastrointestinal disorder		
p) HIV/AIDS		

If yes, give detailed information and dates (use extra pages if necessary):

\_\_\_\_\_

3 ACNE  Yes  No If yes, identify area, severity, any medication taken, name, dosage & frequency:

4 ALLERGIES  Yes  No If yes, identify type, any medication taken, name, dosage & frequency:

5 ASTHMA  Yes  No If yes, identify type, severity, any medication taken, name, dosage & frequency:

6 DIABETES  Yes  No If yes, identify type, severity, any medication taken, name, dosage & frequency:



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## Health Certificate (page 2)

Candidate's Name (First/Middle/Last)

7 SEIZURE DISORDER \_\_\_ Yes \_\_\_ No If yes, identify type, severity, any medication taken, name, dosage & frequency:

Has the candidate ever had any disease, impairment, or abnormality of:

Disease/Impairment/Abnormality of	Yes	No
a) Abdominal organs, digestive system		
b) Lungs, respiratory system		
c) Bones, joints, locomotor system		
d) Genito-urinary system		
e) Heart, blood vessels		
f) Tonsils, nose, or throat		
g) Blood, endocrine system		
h) Eyes/vision, Ears/hearing		
<b>Has the candidate ever been hospitalized?</b>		
Is there a history of, or present evidence of, a nervous, emotional, learning, or eating disorder?		

If yes, give dates, diagnosis, and outcome for each incident:

Is there a medical reason the candidate cannot live in a home with smokers?

If yes, please explain:

### Candidate Certification

#### 1. To be read and signed by the Physician/Nurse Practitioner

I, the undersigned, certify that a thorough physical examination of the candidate has been given and all important recent medical information has been included on the Medical Evaluation Form, that nothing relevant has been omitted, and that the candidate is able to participate in the program and to travel. I understand that the omission of any information could be harmful to the candidate's health care and could result in early termination from the Serbia Youth Leadership Program

Physician/Nurse Name and Qualification

Signature

Date (mm/dd/yyyy)

Address Business Phone

Date (mm/dd/yyyy)

#### 2. To be read and signed by the candidate and his/her parent/legal guardian(s)

The signatures below attest that the information on the Medical Evaluation Form is correct and complete, and that inaccurate or incomplete information could be harmful to the candidate's health care and could result in early termination from the Serbia Youth Leadership Program.

Candidate Signature

Date (mm/dd/yyyy)

Parent/Legal Guardian Signature

Date (mm/dd/yyyy)

Parent/Legal Guardian Signature

Date (mm/dd/yyyy)