

1156 15th Street, NW, Suite 910
Washington, DC 20005-1704, USA
Tel: (202) 872-9077
Fax: (202) 872-9137
CauxSP@aol.com



APPLICATION FORM

Confidential. Please print or type all information.

Name:

FAMILY NAME

FIRST NAME

Male or Female:

How did you learn about the Caux Scholars Program?

ADDRESSES

Current Address:

STREET AND NUMBER

CITY / STATE / COUNTRY

ZIP CODE

TELEPHONE

This Address Is Valid Until:

Permanent Address:

STREET AND NUMBER

CITY / STATE / COUNTRY

ZIP CODE

TELEPHONE

Email Address:

FAMILY/NEXT OF KIN

Parent(s) or Guardian:

Address:

STREET AND NUMBER

CITY / STATE / COUNTRY

ZIP CODE

TELEPHONE

CITIZENSHIP

Date and Country of Birth:

(day/month/year)

Nationality:

Passport No:

Date of Expiration:

(day/month/year)

Please describe foreign travel or study experience, including countries, reason for travel or study and dates:

Previous Internships / Honors:

DATES / LOCATION

DATES / LOCATION

Note: Please provide the information below. A resumé or CV may be submitted in addition.
List your most recent employment first.

Employer:

Address:

STREET AND NUMBER

CITY / STATE / COUNTRY

ZIP CODE

Dates of Employment:

Title / Responsibility:

Employer:

Address:

STREET AND NUMBER

CITY / STATE / COUNTRY

ZIP CODE

Dates of Employment:

Title / Responsibility:

Employer:

Address:

STREET AND NUMBER

CITY / STATE / COUNTRY

ZIP CODE

Dates of Employment:

Title / Responsibility:

REFERENCES

Please supply two (2) written references, including at least one academic reference.
These written references may be sent directly to us or with your application in a sealed envelope.

Names of those giving references:

NAME

TITLE

TELEPHONE

NAME

TITLE

TELEPHONE

FINANCES

How do you plan to pay for the program? Circle and describe:

1. Self

2. Parents:

3. University Financial Aid

4. Other Funding/Grant:

Note: Please provide the information below. A resumé or CV may be submitted in addition.
Please submit your most recent transcripts along with this application.

Undergraduate College/University:

Address:

STREET AND NUMBER

CITY / STATE / COUNTRY

ZIP CODE

Year at University (Circle One): 1 2 3 4 Graduated Date of Enrollment: Graduation date:
month/year month/year

Major Degree:

2nd Major/Minor:

Extra Curricular Activities:

Offices Held & Honors:

Graduate School:

Circle One: MA, MBA, LLB, JD, MD, PhD, Other

Address:

STATE / COUNTRY

ZIP CODE

Subject: Date of Enrollment: Graduation:
month/year month/year

PERSONAL DATA

Please describe your talents, skills, hobbies and/or special interests:

List any foreign languages you speak, read and/or write, and indicate level of fluency:

Language: **Speaking skills** **Reading skills** **Writing skills**

Please describe your community activities:

In 500 words or less, please describe why you would like to participate in the CAUX SCHOLARS PROGRAM. Use additional paper if necessary. Your response is very important, as it will help distinguish you from other candidates for our limited number of places.

I have enclosed the \$25 application fee.

My transcripts are **enclosed / will be mailed** (circle one)

I certify that the information in this application is accurate.

Signature:

Date:

Return this application form to:

**CAUX SCHOLARS PROGRAM, 1156 Fifteenth Street, NW, Suite 910, Washington, DC, 20005-1704
Tel: (202) 872-9077 Fax: (202) 872-9137 Email: cauxsp@us.iofc.org**