



Albert Schweitzer's Leadership for Life 2019 Application Form

Name: _____ Sex: Male Female
Address: _____ Date of Birth: ____ / ____ / ____
_____ Tel: _____ (home)
_____ (mobile)

Email (Block Capitals) _____

Name of Participant School _____

City of Residence _____

State of Residence _____

Country of Residence _____

Country of Origin _____

Participant Passport Number _____

Name of Parent/Legal Guardian (please print) _____

Relationship to participant _____

Where to reach Parent/Legal Guardian in case of emergency:

Daytime Phone _____

Mobile Phone _____

Evening Phone _____

Email Address _____

Name of another responsible adult _____

Relationship to participant _____

Contact Numbers _____

Email Address _____

Conference T-shirt Size: Small ____ Medium ____ Large ____ XLarge ____ XXLarge ____

****For the Indian and Asian delegations, these are American sizes**
Please make sure to choose the correct size**

Leadership Qualities:

- PLEASE INCLUDE YOUR **STUDENT RESUME** ALONG WITH THIS APPLICATION FORM.

Have you previously participated in the Albert Schweitzer Leadership for Life program? If yes, please state when and what module you participated in.

Why would you like the opportunity to participate in the Albert Schweitzer Leadership for Life program?

What leadership skills do you think you have?

Please give an example of how you have demonstrated leadership within your community or abroad?

During the leadership program you will develop a leadership goal. Please give details of a goal you would like to achieve and the steps you would take to do so.

Signed _____
(Participant)

Date: _____

Parent/Guardian Consent:

I give permission for the above named to apply to attend the Albert Schweitzer's Leadership for Life Programme from Saturday, July 20th to Sunday, July 28th, 2019 at Maynooth University in Co. Kildare, Ireland.

Photograph and Film Footage Release Statement:

I give my consent to the ICCUSA Foundation, Inc. to publish and use photographs and film footage taken of my son/daughter (as named above) at the Albert Schweitzer's Leadership for Life Conference. All materials become the property of ASLFL and may be used, without further permission, for publicity purposes including print, television or web based sources. If you have any queries in relation to the above condition, please contact ASLFL at: victoria@iccusa.org to discuss the matter.

Signed: _____
(Parent/Guardian)

Date: _____

FOR STUDENTS COMING FROM ABROAD, THEY MUST BRING THEIR ORIGINAL APPLICATION WITH A LETTER OF CONSENT FROM BOTH PARENT/GUARDIAN WITH THEIR PASSPORT FOR IRISH IMMIGRATION. THEY WILL BE ASKED TO PRESENT IT WHEN THEY GET TO IMMIGRATION.

Notes on completing the form

- Please ensure that you complete all sections of the form carefully.
- Please ensure you include your full address as we will be sending you further information by email.
- Please include a contact number as we may need to contact you directly about your application.
- Selection is based on the information you provide on the form, so take the time to think about your answers.
- Late applications will not be accepted so submit early to avoid disappointment.
- Ensure that you your parent/guardian sign the form. Applications will be returned if they are not signed.

Completed forms must be returned on or before **Friday, March 22nd, 2019**. *However, registration may close sooner if we exceed the amount of spaces for the conference.

PLEASE MAKE SURE TO BRING THE ORIGINAL COPY OF THE ASLFL APPLICATION FORM, PARENTAL CONSENT AND MEDICAL FORM WITH YOU, WHEN YOU ARRIVE TO MAYNOOTH UNIVERSITY.

Contact Information:

The Ireland Chamber - United States (ICCUSA) & The ICCUSA Foundation, Inc.
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