# International Credit Union Leadership Program

1. Basic Information

Name as it appears on your passport:

Last name: First and Middle Name:

Address: Street: City: Zip Code:

Phone number: Email Address:

Date of birth: (please write out the month) Sex:

Country of Birth: City of Birth:

Do you currently have a passport: Yes ( ) No ( )

If yes, what is your passport number: Expiration Date:

Citizenship:

1. Employment Background

Current Credit Union Position: Start dates: (MM/YYYY)

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| Job responsibilities: |

Supervisor name: Phone number: Email:

Relevant past position: Start dates: (MM/YYYY)

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| Job responsibilities:  |

Supervisor name: Phone number: Email:

1. Education

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| --- | --- | --- | --- |
| Institution | Dates attendedFrom: To: | Degree obtained(MS, BA, etc.) | Subjects studied |
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1. Language Proficiency

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| --- | --- | --- | --- |
| Language | ReadingExcellent Good Fair | SpeakingExcellent Good Fair | WritingExcellent Good Fair |
|  English  |  |  |  |  |  |  |  |  |  |
| Portuguese |  |  |  |  |  |  |  |  |  |
| Other (list) |  |  |  |  |  |  |  |  |  |

1. Credit Union Information

Information regarding your employing credit union

Name of organization: Asset size:

Address: Street City State Zip code Phone #:

Website:

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| 1: How would your exchange benefit your professional development?   |

1. Essay Questions

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| 2: Please describe a challenge within your employing credit union in terms of a product or service that is hindering growth/progress and how your participation in the International Credit Union Leadership Program will help you to find a solution to this problem.  |

**Sponsor Section**

1. Sponsor’s information

Name & Address of sponsoring credit union:

Name and Title of contact person:

Email Address: Phone #:

1. Candidate Recommendation

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| We have chosen to sponsor this candidate for the following reasons: |

1. Confirmation of sponsorship

( ) I confirm that our organization is committed to covering the airfare cost of USD $2,000.00 associated with the applicant’s exchange program as required by the grant.

( ) I confirm that our organization will be responsible for making internal arrangements for the participant’s salary, vacation time etc. while he/she is engaged in the exchange program.

Name of CEO or Chairman of the Board: Title:

Signature: Date: