RIAS Berlin Kommission

2-Week RIAS Germany Program Summer & Fall

( ) Summer   ( ) Fall
(   ) Year

German-American Journalist Exchange Program

Program Application - Page 1

PART I: PERSONAL INFORMATION	
APPLICANT NAME:	
	LAST FIRST MIDDLE
PERMANENT ADDRESS:	STREET: CITY: STATE: ZIP:
E-MAIL*:	
HOME PHONE:	
CELL PHONE:	
SKYPE ID:	
DOB (MM/DD/YYYY):	CITIZENSHIP: USA ( ) GERMAN ( ) OTHER ( )
PLACE OF BIRTH:	
DO YOU HAVE A PASSPORT THAT IS VALID THROUGH THE END OF THE PROGRAM YEAR? YES ( ) NO ( )	
PART II: BUSINESS INFORMATION	
NEWS ORGANIZATION:	
POSITION:	
DIRECT SUPERVISOR:	
INDIRECT SUPERVISOR:	
BUSINESS ADDRESS:	STREET: CITY: STATE: ZIP:
BUSINESS E-MAIL*:	
BUSINESS PHONE:	
PREFERRED E-MAIL:	RIAS should contact me via ( ) WORK ( ) HOME

*Please provide an E-mail address that you use and check daily.

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PART III: OTHER INFORMATION
WORK EXPERIENCE _____   TOTAL YEARS OF PROFESSIONAL JOURNALISM   For employment history, please attach résumé / CV
HOW DID YOU HEAR ABOUT RIAS AND THIS PROGRAM?
ACADEMIC HISTORY: COLLEGE OR UNIVERSITY: DEGREE:
INTERNATIONAL EXPERIENCE:
OTHER FELLOWSHIPS YOU HAVE APPLIED FOR OR HAVE BEEN SELECTED FOR:
DO YOU SPEAK ANY FOREIGN LANGUAGES AND IF SO, HOW WELL (1=basic, 5=native)?
ESSAY TO SUBMIT: ONE TO TWO PAGE ESSAY WHICH ADDRESSES EACH OF THESE THREE ISSUES: **1. Why you are interested in the program**   **2. What you hope to gain from participating**   **3. How inclusion in the program will benefit you, your station or newsroom**

I hereby certify that all the information in this application is correct and valid, and that, if accepted, I understand the RIAS BERLIN COMMISSION broadcast journalist exchange program will require me to attend and participate in program activities for the duration of the program.

_____

SIGNATURE   DATE (MM/DD/YYYY)