Application Form

Journalist Exchange Program

2-Week RIAS USA Program Spring & Fall

	Spring	Fall	Year
Select Program	☐	☐	

PART I: PERSONAL INFORMATION

	Last	First	Middle
Applicant Name			

	Street		House Nr.
Mailing Address			
	City		Zip

Email*

Phone Number

Home	Cell

Date & Place of Birth

DOB (MM/DD/YYYY):	PLACE OF BIRTH

	USA	German
Citizenship	☐	☐

	Yes	NO
Do you have a passport that is valid until the end of the program year?	☐	☐

PART II: BUSINESS INFORMATION

News Organization

Position

Supervisor
(Letter of recommendation)

Name

Position

Email

Business Address

Street

House Nr.

City

Zip

Business Email*

Preferred Email
RIAS should contact me via

Work

Home

* Please provide an email address that you use and check daily. Please send your completed application forms and required materials (CV, Letter of Recommendation, Essay) in one PDF (max size 5MB) to apply@riasberlin.org.

PART III: OTHER INFORMATION

Work Experience

(Total years of professional journalism)

Years

For employment history, please attach résumé / CV

Referral Source

How did you hear about RIAS and this program?

Academic Background

Academic History

College or University

Degree

International Experience

Fellowships

Other fellowships you have applied for or have been selected for

Language Proficiency

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. I am fully vaccinated and agree to make a €500,00 non-refundable contribution to the cost of the program and am able and willing to do so.

_____   _____

Signature   **Date**