



() Spring () Fall
() Year

PART I: PERSONAL INFORMATION	
APPLICANT NAME	
	LAST FIRST
MAILING ADDRESS	STREET: CITY: ZIP:
E-MAIL*	
HOME PHONE	
CELL PHONE	
SKYPE ID	
DATE OF BIRTH PLACE OF BIRTH CITIZENSHIP	GERMAN OTHER:
DO YOU HAVE A PASSPORT THAT IS VALID THROUGH THE END OF THE PROGRAM YEAR? YES () NO ()	
PART II: BUSINESS INFORMATION	
NEWS ORGANIZATION	
POSITION	
SUPERVISOR (letter of recommendation)	NAME: POSITION: E-MAIL:
BUSINESS ADDRESS	STREET: CITY: ZIP:
BUSINESS E-MAIL*	
PREFERRED E-MAIL	RIAS should contact me via () WORK () HOME

*Please provide an E-mail address that you use and check daily. Please send your completed application forms and required materials in one PDF (max. Size: 5 MB). Be sure to add our e-mail addresses to your whitelist to ensure you do not miss important e-mails from us:

apply@riasberlin.org



MAILING ADDRESS

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

SIGNATURE

DATE