



**2-Week RIAS Germany Program  
Summer & Fall**

Enter dates of program here:

( / Summer ( / Fall

( ) Year

(you can only apply for one program at a time)

**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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**Program Application - Page 2**

PART III: OTHER INFORMATION
<p>WORK EXPERIENCE _____ TOTAL YEARS OF PROFESSIONAL JOURNALISM</p> <p>For employment history, please attach résumé / CV</p>
<p>HOW DID YOU HEAR ABOUT RIAS AND THIS PROGRAM?</p>
<p>ACADEMIC HISTORY:</p> <p>COLLEGE OR UNIVERSITY:</p> <p>DEGREE:</p>
<p>INTERNATIONAL EXPERIENCE:</p>
<p>OTHER FELLOWSHIPS YOU HAVE APPLIED FOR OR HAVE BEEN SELECTED FOR:</p>
<p>DO YOU SPEAK ANY FOREIGN LANGUAGES AND IF SO, HOW WELL (1=basic, 5=native)?</p>
<p><b>ONE TO TWO PAGE ESSAY WHICH ADDRESSES EACH OF THESE THREE ISSUES:</b></p> <ol style="list-style-type: none"> <li>1. Why you are interested in the program</li> <li>2. What you hope to gain from participating</li> <li>3. How inclusion in the program will benefit you, your station or newsroom</li> </ol> <p><b>On a separate piece of paper, please provide a subjective overview of current challenges and issues in German American relations (maximum 450 words).</b></p>

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)