



**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): PLACE OF BIRTH:	CITIZENSHIP: USA () 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:	
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)