

## **RIAS USA Program for Broadcast Journalists** Spring & Fall

 German-American Journalist Exchange Program

Program Application - Page 1

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:	POS	ITION:
	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

Enter dates of program here: () Summer () Fall () Voar (you can only apply for one program at a time) German-American Journalist Exchange Program

Program Application - Page 2

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			

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.