

APPLICATION COVER SHEET AND INSTRUCTIONS

**2011 U.S./Spain: Cross-Cultural Perspectives on Disability Rights**

**Leadership Exchange Program**

*Funded by the New York Community Trust (NYCT)/Wallace Fund for Youth*

Mobility International USA (MIUSA) is a national non-profit organization whose mission is to empower people with disabilities around the world to achieve their human rights through international exchange and international development. Since 1981, MIUSA has coordinated international leadership exchange programs with delegations of people with and without disabilities from more than 100 countries.

***MIUSA is excited to offer a 10-day exchange program to Spain in summer 2011 with a focus on youth leadership and cultural perspectives on disability rights.*** Mobility International USA is a cross-disability organization working with individuals with cognitive, hearing, learning, psychiatric, physical, health, vision and other disabilities.

**PROGRAM DETAILS**

**When:** June 24 – July 4, 2011

**Where:** Madrid, Spain

**Activities:** Eight participants from New York City will strengthen cross-cultural understanding and leadership skills in an exciting international and cross-disability environment. MIUSA's 10-day exchange program to Spain will include a combination of activities, such as:

* **Workshops and discussions with disability rights leaders in Spain,** focusing on disability rights laws, access to education, employment, media and strategies for disability rights leadership.
* **Site visits** to disabled people’s organizations (DPO’s), Spanish educational institutions, and community organizations.
* **Leadership activities** through which to exchange experiences, information and ideas with the disability community in Spain and explore opportunities for students with disabilities.
* **Spanish cultural enrichment activities** including visits to historic sites and community events
* **Cultural immersion** throughexperiencing Spanish language, customs, food and culture with members of the local community.
* **Host family experience** through spending 1-2 days witha local Spanish family during the program.
* **Goal setting** for continued community and international involvement over the coming year.

**Application Fee: $20 non-refundable**

**Application Deadline:** March 1, 2011

*Please contact MIUSA immediately to indicate your interest to apply.*

**ELIGIBILITY**

**Participants must be:**

U.S. citizens or U.S. permanent residents

From New York City (Manhattan, Brooklyn, Queens, The Bronx, Staten Island)

Ages 18 – 24 by July 2011

Individuals with a disability: *MIUSA programs include people with all types of disabilities and from diverse cultural backgrounds.*

***IMPORTANT: Individuals with a disability are strongly encouraged to apply****, including people who are Blind or Low Vision or Deaf or Hard of Hearing, or have Attention Deficit Disorder, Autism Spectrum Disorder, Brain Injury, Cognitive Disability, Learning Disability, Health Disability, Mobility Disability, Psychological Condition, Speech Impairment, multiple disabilities or any other type of disability.*

**QUALIFICATIONS:**

**Young adults with disabilities from low income backgrounds** are strongly encouraged to apply. Generous partial scholarships are available. If you would like to apply for a scholarship please complete and submit pages 12-13 with your application.

**Young adults with disabilities** **with limited or no international travel experience** are strongly encouraged to apply. Orientation and preparation materials will be provided to help with the process, including tips for getting your first U.S. passport.

**Motivated young adults with disabilities who want to meet disability rights leaders from Spain,**and who are excited to explore a new culture, try new food and learn a new language.

**Young adults with disabilities who want to meet other emerging leaders with disabilities** **from New York City** who are committed to increasing the rights and opportunities of people with disabilities in New York City, and abroad.

**Young adults with disabilities who are committed to work across cultural and other differences** to promote intercultural understanding.

**Young adults with disabilities who have a passion to explore and strengthen their leadership skills** in order to create positive change in the world.

**Young adults with disabilities** **committed to working as a team** to make all program activities accessible to all participants. That may mean communicating in sign language, gesture or on paper; guiding and providing description of the environment, or assisting someone who uses a wheelchair to navigate an access challenge. While MIUSA makes every effort to accommodate each participant’s disability-related access needs, most countries do not have the same level of accessibility found in the U.S.

**PROGRAM COST AND SCHOLARSHIPS**

**Application Fee:** $20 non-refundable

**Program Fee (if accepted):** Sliding scale $220 - $1,100. (See “Scholarships” below!)

***IMPORTANT:*** *Please contact MIUSA immediately if you want to apply, but may need assistance with the program fee. Generous scholarships are available.*

**Scholarships:** Generousscholarships and assistance with fundraising are available**!**

***IMPORTANT:*** *Please complete the scholarship application on pages 12-13.*

The Following **Expenses are Covered by the Program Fee for All Accepted Applicants:**

* **Round-trip international airfare** from JFK Airport to Madrid, Spain
* **Accessible** **transportation and lodging** in Spain
* **Meals** in Spain
* **Disability related costs,** including sign language interpreters, materials in alternative formats, and funding for personal assistants.
* **Program activities** and scheduled cultural events

##### APPLICATION INSTRUCTIONS

There are **5 sections** of the application.Please read the following instructions carefully, and be sure to submit all necessary documents and payment.

**IMPORTANT:** If you expect a delay in submitting any section of your application, please notify MIUSA immediately. Applications will not be reviewed until complete.

**APPLICATION DEADLINE IS MARCH 1, 2011**

Please contact MIUSA immediately about your interest to apply. *Late applications will be considered as space permits.*

**SUBMIT YOUR APPLICATION** and questions using any of the following methods:

* **E-mail:** [apply@miusa.org](mailto:exchange@miusa.org)
* **Fax:** (541) 343-6812
* **U.S. postal mail:** MIUSA

International Exchange Programs

2011 Spain

132 E. Broadway, Suite 343

Eugene, OR 97401

All application materials are available in alternative formats upon request (including large print, Braille, CD, electronic document, text only document).

**APPLICATION REQUIREMENTS**

**Complete the ‘Participant Application’** cover sheet (3 pages)

**Answer all 11 essay questions**

**Complete the scholarship application** (2 pages)

**Two written references are required** (see reference forms on pages 14-17).

* Will be acceptable: Letters of reference from advisors, professors, case managers, professional mentors, teachers, supervisors, employers, etc.
* Not accepted: Letters of reference from family members.
* Sending options: Letters of reference may be submitted to MIUSA with your application or separately.

**A $20 non-refundable application fee** is due when you submit your application. Applications submitted without the application fee will not be reviewed for consideration until paid in full.

\**Please contact MIUSA immediately if you want to apply, but may need assistance with the application fee.*

You may pay your $20 application fee by using one of the following methods:

* **PayPal:** go to [www.paypal.com](http://www.paypal.com). Use the email address “*rwinand@miusa.org*” as the payment account.
* **Send a check or money order**: Make checks payable to **Mobility International USA** (see mailing address above).
* **Pay by telephone, relay or TTY**: call (541) 343-1284 and provide your credit card information to MIUSA directly.

**Send all documents and payment to MIUSA** immediately using one of the following methods:

* **E-mail:** [apply@miusa.org](mailto:exchange@miusa.org)
* **Fax:** (541) 343-6812
* **U.S. postal mail:** MIUSA

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**APPLICATION REVIEW AND INTERVIEW PROCESS**

As soon as we receive your completed application, your application will be reviewed.

You may be contacted to set up an interview via telephone, relay, TTY or IM (instant messaging).

Due to the limited number of spaces available, not all applicants will be invited to interview for this program. Please contact us at anytime via apply@miusa.org or (541) 343-1284 (Tel/TTY) to inquire about the status of your application.

***You will be notified by MIUSA with regards to the final status of your application.***

**ACCEPTANCE**

**If accepted after an interview, you will be notified by telephone or e-mail**.

Once accepted:

* We will evaluate your scholarship request (if applicable) and offer support and advice on fundraising.
* We will discuss any disability-related accommodations and requests to ensure a successful and inclusive experience. This includes requests for sign language interpreters, personal assistants etc.
* You will be required to make a $100 non-refundable deposit to secure your place in the program. This deposit will be applied toward your program fee.
* You will need to apply for a valid U.S. passport IMMEDIATELY. For tips on getting a passport, please contact MIUSA and/or visit <http://travel.state.gov/>. It can take up to 8 weeks to receive a passport so it is very important to apply as soon as you are accepted.
* You will receive an *‘Acceptance Packet’* containing forms for you to sign and return to MIUSA. You MUST return all completed forms to MIUSA immediately in order to prepare for the program.
* You will also receive a *‘Pre-Departure Packet’* that will explain in detail what you can expect during this program and how we may assist you to prepare for this amazing experience.
* You may request to be put in touch with a MIUSA program alumnus with whom you can communicate via e-mail or telephone about airline travel, accessibility, packing tips, health and safety and any other questions or concerns you may have. It is a great way to meet new friends from across the U.S. and an excellent way to develop a valuable mentoring relationship with a peer.



**PROGRAM APPLICATION**

**2011** **U.S./Spain: Cross-Cultural Perspectives on Disability Rights Leadership Exchange Program**

*June 24 – July 4, 2011*

**PLEASE MAKE SURE TO:**

Type or print clearly

Send your application no later than March 1, 2011

Return your completed application to MIUSA using one of the below methods:

* **E-mail:** [apply@miusa.org](mailto:exchange@miusa.org)
* **Fax:** (541) 343-6812
* **U.S. postal mail:** MIUSA

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Eugene, OR 97401

Name:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address: valid until: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/TTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (IM address, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent address: valid until: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_

Telephone/TTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (IM address, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:**

|  |
| --- |
| Male  Female  **Date of birth (month/day/year):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birth place city/state:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_  **Birth country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|
| **Are you a U.S. citizen?**  Yes  No  **Are you a U.S. permanent resident?**  Yes  No  **Are you from New York City?**  Yes  No |
| **If student, what is your year of study?**  **High school**  Junior  Senior  **College / University**  Freshman  Sophomore  Junior  Senior  Masters  Ph.D.  **Field of interest and/or study:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|
| **Language(s) Other than English:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Beginning  Slow  Conversational  Fast  Fluent |

**How did you learn about this program?**

**DEMOGRAPHIC INFORMATION (optional)**

MIUSA’s mission is to ensure the inclusion of people with disabilities in international exchange and development programs. MIUSA is committed to organizing programs that fully include people with a variety of disabilities, and people from diverse cultural backgrounds.

To help us meet this goal, please complete the following:

1. **Reasonable accommodation:**

MIUSA’s U.S./Spain Exchange Program will include women and men with all types of disabilities. MIUSA will make appropriate arrangements to ensure that each delegate with a disability can participate fully and equally, including:

* **ASL staff interpreters** will be provided by MIUSA for the duration of the program.
* **Personal assistant funding may be** **available** for participants who need personal assistance during the program.
* **Materials in alternative formats** will be provided for scheduled program activities.

**Do you have a disability?**

Yes  No

**If yes, please describe.**

**Please specify any assistance or equipment you use on a daily basis.**

Examples: white cane, power wheelchair, manual wheelchair, sign language interpreter, personal assistant, shower chairs, hearing aids, etc.

1. **Ethnic/Racial Background: (Please check all that apply)**

MIUSA’s U.S./Spain Exchange Program will include women and men from diverse cultural backgrounds. Please share:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| American Indian or Alaskan Native | Asian or Pacific Islander | African-American (Non-Hispanic) | Hispanic | White (Non-Hispanic) | Other: \_\_\_\_\_\_\_ |



# ESSAY QUESTIONS

**Please answer the following questions by typing your answers below, or answering on a separate sheet of paper. Your answers to these questions are very important to your application.**

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why are you applying to participate in this international exchange program to Spain? How does this fit into your professional, educational and personal future goals?

2. What international travel experience have you had, if any?

3. What organizations, activities, hobbies or sports are you currently involved in?

4. Describe your leadership experience at school, work and/or in your community?

5. Please explain your interest and experience with disability rights.

6. Describe your current living situation.

7. How do you handle being part of a group in a new and challenging environment?

8. Describe two important experiences, either positive or negative, that you have had as a young adult with a disability and/or a cultural minority background.

9. Please describe how you would handle the following scenario: One of the other participants in the group has a challenging personality style for that is hard for you to be around. What would you do?

10. Please describe how you would handle the following scenario: The program leader gave an overview of the day’s program schedule. However, the one activity that all the participants were excited about is no longer going to happen. Everyone in the group is disappointed. How would you respond to this situation?

11. Why should you be selected for this international exchange program?

# SCHOLARSHIP APPLICATION (optional)

**MIUSA encourages eligible applicants to apply for scholarships to remove financial barriers to traveling internationally.** MIUSA can also provide guidance and assistance to raise funds through solicitations of family and community members and personal and group fundraising events.

Scholarships are intended to encourage individuals who may not have the financial resources to participate on this exciting program to do so. To be eligible for a scholarship, participants (or their family if they are claimed as a dependent), must have an income of $75,000 or less annually. Exceptions may be made for families facing extraordinary financial responsibilities because of illness or other special circumstances.

These scholarships are available to offset the cost of the $1,100 program fee. All participants are required to pay a minimum of $220, to demonstrate their commitment to the program and to participation. Scholarship amounts will vary based on an applicant's financial need, the strength of the application, reference letters and travel costs to the departure city. Scholarships typically range from $220 - $880 total.

You may submit the scholarship application to Mobility International USA by:

* **E-mail:** [apply@miusa.org](mailto:exchange@miusa.org)
* **Fax:** (541) 343-6812
* **U.S. postal mail:** MIUSA

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**1.** **Are you financially independent (i.e., did you file income taxes independently during the last fiscal year)?**

Yes

No and  My parents claimed me as a dependent this past year.

|  |  |
| --- | --- |
| **2a. What is your parents’ yearly income level?** | **2b. What is your personal yearly income level?** |
| Less than $75,000  Less than $65,000  Less than $55,000  Less than $45,000  Less than $35,000  Less than $25,000  Less than $15,000 | Less than $75,000  Less than $65,000  Less than $55,000  Less than $45,000  Less than $35,000  Less than $25,000  Less than $15,000 |

**3.** In addition to the program fee, you are required to pay for your round trip travel costs to/from JFK Airport (the point of group departure from the U.S.). **What is the cost of round-trip travel (air and/or ground travel),** from your home to the departure airport (JFK)? **For airfares, please research this cost using** [**www.expedia.com**](http://www.travelocity.com) **or another travel internet site; however, do not purchase your tickets!**

* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Please describe how you will raise money to pay for your program fee and travel to the U.S. departure city, as well as any spending money you may bring on the program** (mark all that apply)**:**

Financial support through organizations you belong to or work for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support from family, friends, community members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific fundraising activities you will undertake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** **From savings and through fundraising, what is the amount that you and your family can contribute towards the total costs?** Please be honest about what you are able to contribute.

* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Name the specific amount of money you are asking for in the form of a scholarship**. (Maximum $880.00)

* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If you receive this scholarship, your fee would be: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

($1100 minus scholarship amount)

**7.** **Is there any other information that would be useful in understanding your scholarship needs?**

**8. If you are selected for this exchange, how do you plan to follow up on your experiences so that your community will benefit from what you have gained?** (Examples may include making presentations, conducting training sessions, writing articles, etc.)



**REFERENCE 1**

**2011 U.S./Spain: Cross-Cultural Perspectives on Disability Rights**

**Leadership Exchange Program**

*Funded by the New York Community Trust/Wallace Fund for Youth*

***NOTE TO THE APPLICANT:***

* Print this entire document for your reference.
* ***Please include your name on the line below*** and then ask a non-family member (for example, co-worker, teacher, supervisor, friend or a nominating organization contact) to complete the form or attach a letter of reference that answers the questions below. Please provide each of your references with this cover sheet that describes the exchange you are applying for and discuss your expectations and goals.

**APPLICANT FULL NAME** (first, middle and last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the reference person:**

***Please fill out this form and return to MIUSA immediately.*** Mobility International USA (MIUSA) offers short-term international exchanges that empower people with and without disabilities and promote cross-cultural understanding. International exchanges are incredible learning experiences that present participants with many unique challenges. MIUSA is excited to offer a 10-day exchange program to Madrid, Spain June 24 – July 4, 2011 with a focus on youth leadership and cultural perspectives on disability rights. Mobility International USA is a cross-disability organization serving those with cognitive, hearing, learning, psychiatric, physical, health, vision and other disabilities. Successful participants are motivated, flexible and open to new situations and are people from diverse social and cultural backgrounds. As a result, your candid appraisal is very valuable to us in determining whether the applicant is prepared for this program.

## Confidentiality

To ensure that your comments are confidential, please seal the completed form inside an envelope before returning it to the applicant or send it by U.S. postal mail directly to MIUSA at: 132 E. Broadway, Suite 343, Eugene, OR 97401, or by fax at: (541) 343-6812, or by e-mail at: [apply@miusa.org](mailto:exchange@miusa.org). If you send it via e-mail, an electronic signature is required.

## Reference contact information

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_

Telephone/TTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you known the applicant?

2. Please describe the nature of your relationship with the applicant.

3. What role does this applicant have in your organization (if applicable)?

4. If selected, how could the applicant's participation in the exchange be of help to your organization and/or your community?

5. How does the applicant react to new and different situations?

6. Please comment on how the applicant interacts with others in a group setting, changes in program schedules or in stressful situations.

7. Please indicate any other characteristics we should know about this applicant that may have a positive or negative impact on their participation in the program.

8. Overall, how would you rate this applicant's suitability for the exchange program?

Highly recommend  Recommend  Recommend with hesitation  Do not recommend

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

**Please fill out this form and return to MIUSA immediately**



**REFERENCE 2**

**2011 U.S./Spain: Cross-Cultural Perspectives on Disability Rights**

**Leadership Exchange Program**

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**APPLICANT FULL NAME** (first, middle and last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Reference contact information

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_

Telephone/TTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you known the applicant?

2. Please describe the nature of your relationship with the applicant.

3. What role does this applicant have in your organization (if applicable)?

4. If selected, how could the applicant's participation in the exchange be of help to your organization and/or your community?

5. How does the applicant react to new and different situations?

6. Please comment on how the applicant interacts with others in a group setting, changes in program schedules or in stressful situations.

7. Please indicate any other characteristics we should know about this applicant that may have a positive or negative impact on their participation in the program.

8. Overall, how would you rate this applicant's suitability for the exchange program?

Highly recommend  Recommend  Recommend with hesitation  Do not recommend

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

**Please fill out this form and return to MIUSA immediately**