



RUSSIAN AMERICAN FOUNDATION, INC.

70 WEST 36TH STREET, SUITE 701 • NEW YORK, NY 10018
TEL. 212.687.6118 • FAX. 212.687.5558
WWW.RUSSIANAMERICANFOUNDATION.ORG

NATIONAL SECURITY LANGUAGE INITIATIVE FOR YOUTH RUSSIAN AMERICAN HERITAGE EXPERIENCE

JULY 16 – AUGUST 27, 2011

DEADLINE FOR SUBMISSION OF ALL MATERIALS: April 15, 2011
APPLICATION FORM (Please type or write legibly)

STUDENT INFORMATION (Please include your photo with this application):

Name (as in passport) _____ F M
Last First Middle

Current Address _____
Street
City State Zip Code

Phone _____
Home Mobile

E-mail _____ Fax _____

Permanent Address _____
 Check here if same as current Street
City State Zip Code Country

Date of Birth ____ / ____ / ____ Age (as of 7/01/2011) ____ Citizenship ____

AS PROOF OF CITIZENSHIP, PLEASE SUBMIT A COPY OF YOUR PASSPORT PHOTO PAGE: IMAGE MUST BE IN HIGH QUALITY AND IN COLOR.

Previous and Current Russian Language Study/Where: (Not Required) _____

Years of Russian Language Studies: 0 1 2 3 4 5 Other _____

How would you rate your Russian language knowledge in:
>READING (Please circle) Can read easily Can read words/sentences at a time Can't read at all
Other (Please explain) _____

>WRITING (Please circle) Can write easily Can write words/sentences at a time Can't write at all
Other (Please explain) _____

Previous Study or Travel Abroad (international trips/programs you participated in (individually/with family/friends). Please include year:

- For Office Use Only**
- Application
 - Essays #1, #2
 - 3rd Essay
 - Teacher Recommendation
 - School Transcript
 - Color Copy of Passport
 - Medical Forms
 - Dental Forms



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STUDENT INFORMATION (CONTINUED FROM PAGE 1):

Please list any experiences of being away from home (Include dates/ length of trip):

For Survey Purposes: What are your career plans? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> International Relations/Foreign Service | <input type="checkbox"/> Research/Teaching in Russian-related field |
| <input type="checkbox"/> Government | <input type="checkbox"/> Scientific Research |
| <input type="checkbox"/> Business | <input type="checkbox"/> Health Profession, Medicine |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Law | <input type="checkbox"/> Other _____ |

Do you expect to use Russian in your career? Yes No

GUARDIAN #1 CONTACT INFORMATION:

Name _____ F M
Last First Middle

Your relation to student _____

Current Address _____
Street

City State Zip Code

Contact Phone _____
Day (Work) Evening (Home) Mobile

E-mail _____ Fax _____

Permanent Address _____
 Check here if same as current) Street

City State Zip Code Country

When Immigrated to the U.S.? _____ From where? _____
Year

Place of Employment _____ Occupation _____



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GUARDIAN #2 CONTACT INFORMATION:

Name _____ F M
Last First Middle

Your relation to student _____

Current Address _____
Street

City _____ State _____ Zip Code _____

Contact Phone _____
Day (Work) Evening (Home) Mobile

E-mail _____ Fax _____

Permanent Address _____
 Check here if same as current Street

City _____ State _____ Zip Code _____ Country _____

When Immigrated to the U.S.? _____ Year _____ From where? _____

Place of Employment _____ Occupation _____

ESSAYS:

Essays must be written by the student individually and must reflect their own personal views and thoughts. Each essay shall not exceed 1 page in length, double spaced, and 12p font. A TOTAL OF 3 ESSAYS MUST BE SUBMITTED. ESSAYS #1 and #2 ARE MANDATORY - MUST BE ANSWERED BY ALL. The Student must select one essay question to answer from essays #3 - #4. (Only three Essays will be read by the committee).

ESSAY #1: What do you hope to gain from participating in the NSLI-Y Russian American Heritage Experience Summer Intensive in Moscow?

ESSAY #2: If selected, how do you envision applying your gained experience from the NSLI-Y Russian American Heritage Experience Moscow Summer Intensive and skills in your future personal and professional development?

STUDENTS MUST ALSO CHOOSE ONE ESSAY TO ANSWER FROM THE FOLLOWING:

ESSAY #3: Why are you interested in Russian Heritage, Language and Culture?

ESSAY #4: Describe an experience from your life which you feel has especially prepared you for this opportunity, and why?



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STUDENT EDUCATION INFORMATION:

Current ACADEMIC school _____

School Address _____

Public School Private School Completed Grade (as of 7/1/2011) _____

Teacher's/Counselor's Name _____

Teacher's/Counselor's phone number (____) _____

Teacher's/Counselor's e-mail address _____

List Educational/Ballet/Any other awards & recognitions received:

Award	Date
_____	_____
_____	_____
_____	_____

BY MY SIGNATURE BELOW I HEREBY CERTIFY THAT ALL PROVIDED INFORMATION IN THIS APPLICATION FORM IS TRUE AND I UNDERSTAND THAT ANY FALSE INFORMATION WILL DISQUALIFY MY CANDIDACY FROM PARTICIPATING IN RAF'S NSLI-Y PROGRAMS IN 2011 AND IN THE FUTURE.

STUDENT SIGNATURE _____

DATE _____

GUARDIAN #1 SIGNATURE _____

DATE _____

GUARDIAN #2 SIGNATURE _____

DATE _____

PLEASE REVIEW CAREFULLY STUDENT'S HEALTH REQUIREMENTS ON THE NEXT PAGE



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In order to help protect the health and safety of Moscow Intensive’s Participants, as well as in meeting Russia’s immigration laws and the Academy’s regulations, RAF requires an applicant to have a physical and mental capacity, with or without a medical accommodation, to perform the essential functions of a Participant for a full period of 6 weeks in Moscow without unreasonable disruption due to health problems. Due to the nature of laws of an overseas country, the Academy’s regulations, the scope of medical care available there, and the intensive conditions under which a Participant is expected to learn and train, RAF may not be able to accommodate certain medical or psychiatric conditions. Stable conditions, in addition to medication regimes (both medical and psychiatric), may be appropriate for the Moscow Intensive. Recent changes in these conditions or medication regimes (both medical and psychiatric) are evaluated on an individual basis and may require a period of proven stability prior to acceptance.

RAF evaluates each applicant individually. The medical assessment process will likely require more time for applicants with extensive health history. This assessment requires detailed communication between the applicant, his/her regular physician and RAF, and often involves the need for additional information and medical tests. RAF does not reimburse applicants for any medical examinations, tests, etc. required to be accepted to the Program. If upon acceptance a Participant becomes ill, undergoes surgery, adds to or changes medications, undergoes therapy or treatment, or develops any condition for which he/she seeks medical assistance, he/she has to notify RAF immediately. Any significant change in health status may impact Participation. Failure to disclose such information may seriously affect a Participant’s health overseas, as well as his/hers status as a Moscow Program Participant. No final acceptance will be confirmed until a Participant has completed the medical evaluation process. If you are selected as a semi-finalist, please complete any medical forms given to you within the allocated time.

Please take a look at the following 2 non-exhaustive lists of conditions that may impact your medical review and/or acceptance decision.

<ul style="list-style-type: none"> • Abnormal Pap Smear requiring current treatment • Alcoholism, Substance Addiction – minimum of 3 years for alcoholism, minimum of 5 years for substance abuse • Allergies requiring desensitization injections • Anemia (cause must be identified) • Cancer –no deferral for most skin cancers and carcinoma-in-situ • Cataracts requiring surgery • Celiac Sprue • Coronary artery bypass surgery or angioplasty – 6 months symptom free, no medications, normal stress test • Cystic Acne-Accutane treatment – 2 months after completion of therapy • Endometriosis • Gastritis, Esophagitis, Peptic, or Duodenal Ulcer – minimum of 6 months well controlled, non-smoker • Glaucoma – 3 months well controlled medications • Herniated Disc 	<ul style="list-style-type: none"> • Hepatitis – chronic • Human Immunodeficiency Virus (HIV)/AIDS -- immunosuppressed • Inflammatory Bowel Disease • Irreversible Lung Disease (emphysema) • Iritis – chronic • Kidney Stones – recurrent • Major Depression – recurrent • Muscular Dystrophy • Multiple Sclerosis – no exacerbation or no new symptoms for a minimum of 3 years • Myasthenia Gravis • Narcolepsy – poorly controlled • Obstructive Sleep Apnea - with or without C-PAP machine • Optic Neuritis – recurrent • Osteoporosis with history or high risk for stress fracture • Pancreatitis – chronic • Parkinson’s Disease • Psychosis • Psychiatric Hospitalization within 1 year
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<ul style="list-style-type: none"> • Herpes Keratitis (eye) – 2 years inactive • High Blood Pressure – 3 months well controlled under treatment; weight within medically recommended range • Inguinal Hernia • Internal Hemorrhoids • Joint Replacement (hip, knee, shoulder) or Arthroscopy – 1 year • Kidney or Bladder Infections • Ligament Reconstruction (knee, ankle, shoulder) or Arthroscopy – 1 year • Mental Health Conditions (except stable, treated conditions) • Myocardial Infarction (heart attack) – 12 months symptom free, not on medication, normal stress test • Ovarian Cyst • Uterine Fibroids - symptomatic • Seizure Disorder – minimum of 1 year seizure free • Stroke – 2 years symptom free, not on medication • Addison’s Disease • Allergic Reaction-life threatening • Amyotrophic Lateral Sclerosis (Lou Gehrig’s Disease) • Aneurysm- inoperable • Asthma-severe • Bi-Polar Disorder 1 • Chronic Obstructive Pulmonary Disease (COPD) • Cancer (recent treatment for cancer or cancer with metastasis) • Cardiac Arrhythmias – symptomatic • Celiac Sprue - symptomatic within the last 6 months • Cystic Fibrosis • Complex medical health conditions with multiple diagnoses • Complex mental health conditions with multiple diagnoses • Conditions-requiring blood thinner medication • Conditions-requiring oral or injectable steroids 	<ul style="list-style-type: none"> • Pyelonephritis – chronic • Reiter’s Syndrome – chronic • Rheumatoid Arthritis • Sarcoidosis • Schizophrenia • Thrombophlebitis – recurrent • Ulcerative Colitis • Uveitis – chronic • Ventricular Shunt for hydrocephalus • Connective Tissue Disorders • Coronary Artery Disease • Crohn’s Disease • Diabetes - with any complications • Diverticulitis • Eating disorders • Endocarditis • Esophageal Varices • Glomerulonephritis- chronic • Heart Conditions-chronic • Heart Failure • Hematological Disorder – chronic • Hemophilia • HIV Positive
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