



## Albert Schweitzer's Leadership for Life 2016 Application Form

Name: \_\_\_\_\_ Sex: Male  Female   
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_ (home)  
\_\_\_\_\_ (mobile)

Email (Block Capitals) \_\_\_\_\_

Name of Participant School \_\_\_\_\_

City of Residence \_\_\_\_\_

State of Residence \_\_\_\_\_

Country of Residence \_\_\_\_\_

Country of Origin \_\_\_\_\_

Participant Passport Number \_\_\_\_\_

Name of Parent/Legal Guardian (please print) \_\_\_\_\_

Where to reach Parent/Legal Guardian in case of emergency:

Daytime Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Other \_\_\_\_\_

Name of another responsible adult \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Email Address \_\_\_\_\_

Conference T-shirt Size: Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ XLarge \_\_\_\_ XXLarge \_\_\_\_

**\*\*For the Indian and Asian delegations, these are American sizes\*\***  
**Please make sure to choose the correct size**

**Leadership Qualities:**

- PLEASE INCLUDE YOUR **STUDENT RESUME** ALONG WITH THIS APPLICATION FORM.

Have you previously participated in the Albert Schweitzer Leadership for Life program? If yes, please state when and what module you participated in.

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Why would you like the opportunity to participate in the Albert Schweitzer Leadership for Life program?

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What leadership skills do you think you have?

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Please give an example of how you have demonstrated leadership within your community or abroad?

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## Notes on completing the form

- Please ensure that you complete all sections of the form carefully.
- Please ensure you include your full address as we will be sending you further information by email.
- Please include a contact number as we may need to contact you directly about your application.
- Selection is based on the information you provide on the form, so take the time to think about your answers.
- Late applications will not be accepted so submit early to avoid disappointment.
- Ensure that you your parent/guardian sign the form. Applications will be returned if they are not signed.

Completed forms must be returned on or before **Friday, March 25, 2016**. \*However, registration may close sooner if we exceed the amount of spaces for the conference.

### Contact Information:

The Ireland Chamber - United States (ICCUSA) & The ICCUSA Foundation, Inc.  
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