VISION F®R AND FR®M CHILDREN



SUBMIT COMPLETED APPLICATION TO: diplomat@visionforandfromchildren.org

APPLICANT'S NAME:	NAME OF PARENT/GUARDIAN:
APPLICANT'S DATE OF BIRTH:///////	PARENT/GUARDIAN CONTACT INFORMATION:
APPLICANT'S HOME ADDRESS:	EMAIL ADDRESS:
STREET	
CITY STATE/PROVINCE POSTAL CODE COUNTRY	MOBILE
NAME OF SCHOOL:	
HEAD OF SCHOOL:	
TELEPHONE NUMBER	
CURRENT GRADE (K-12):	
PLEASE LIST/DESCRIBE ANY EXTRACURRICULAR INTERESTS	S/ACTIVITIES:

VISION F®R AND FR®M CHILDREN



PLEASE ANSWER EACH OF THE QUESTIONS BELOW. YOU MAY USE THE SPACE PROVIDED OR ATTACH ADDITIONAL PAGES IF NECESSARY.

WHY SHOULD YOU BE SELECTED TO BE A DIPLOMAT?

DESCRIBE A FUNDRAISING PROJECT THAT YOU WOULD INITIATE IN YOUR COMMUNITY.

IF YOU COULD HAVE LUNCH WITH ANY PERSON IN THE WORLD, WHOM WOULD IT BE AND WHY?



SUBMIT COMPLETED APPLICATION TO: diplomat@visionforandfromchildren.org

NAME:			
DATE OF BIRTH:// DAY MONTH YEAR	COMPLETE THIS SECTION ONLY IF APPLICANT IS A MINOR (<18 years of age)		
CURRENT ADDRESS:	PARENT/GUARDIAN CONTACT INFORMATION:		
STREET	NAME OF PARENT/GUARDIAN:		
CITY STATE/PROVINCE POSTAL CODE COUNTRY	HOME ADDRESS:		
EMAIL:	CITY STATE/PROVINCE POSTAL CODE COUNTRY		
OTHER			
NAME OF COLLEGE/UNIVERSITY CURRENTLY ATTENDING:	MOBILE		

PLEASE PROVIDE TWO REFERENCES (OTHER THAN RELATIVES) WHO MAY FURNISH ADDITIONAL INFORMATION ON YOUR BEHALF.

NAME:	NAME:
TITLE/POSITION:	TITLE/POSITION:
ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:
RELATIONSHIP TO APPLICANT:	RELATIONSHIP TO APPLICANT:



TYPE OF SCHOOL	NAME OF INSTITUTION	LOCATION (COMPLETE MAILING ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR/ DEGREE
HIGH SCHOOL				
UNDERGRADUATE				
GRADUATE				
OTHER				

EXTRACURRICULAR INTERESTS/ACTIVITIES	NUMBER OF YEARS AS A PARTICIPANT	POSITION/RESPONSIBILITIES/HONORS/AWARDS

EMPLOYER	EMPLOYER'S ADDRESS	DATES OF EMPLOYMENT	POSITION/RESPONSIBILITIES

DISTINGUISHED HONORS/AWARDS/ACHIEVEMENTS	NAME OF ORGANIZATION/INSTITUTION	YEAR





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