



Application Form

**Woodrow Wilson International Center for Scholars
Agents of Change Youth Fellowship
Application Form 2025**

PERSONAL DATA

Name

Last

First

Middle

Home Address:

Mailing Address:

Is same as home address

Contact Information

Home Phone: _____

Office Phone: _____

Fax: _____

Primary E-mail: _____

Secondary E-mail: _____

Nationality

Citizenship: _____

Legal Permanent Resident: _____

Date and place of birth: _____

Sex: F M

PROFESSIONAL BACKGROUND**Education**

Institution, Major/field, Date Completed

B.A./B.S.

M.A./M.S.

Ph.D.

Other

Professional/Occupational Experience (List current position first)Organization, Position(s) held, dates served

Fellowships/Honors/Awards (List most recent first)

Language

If English is not your native language, indicate your degree of fluency in English

READING:	Excellent	Good	Fair	Poor
SPEAKING:	Excellent	Good	Fair	Poor
WRITING:	Excellent	Good	Fair	Poor

Indicate other languages spoken and degree of proficiency:

PROJECT INFORMATION

In 100 words or less, describe your personal or academic interest in the topic and what you hope to gain from the Agents of Change Youth Fellowship.

REFERENCES

Please ask references to send their recommendations directly via email to mep@wilsoncenter.org with name of applicant in subject line.

1) _____
Name, Title, Institutional Affiliation

2) _____
Name, Title, Institutional Affiliation

SIGNATURE OF APPLICANT

DATE