



# ASIAN YOUTH LEADERS ELITE PROGRAM

## Application Form

All applicants interested in AYLEP are required to complete this application in full. Item marked with an **asterisk\*** is compulsory. The application may take around 10 minutes. Please feel free to contact our Admissions Officer at [admissions@aylep.com](mailto:admissions@aylep.com) should you need any assistance.

## A. Personal Information

<b>Full Name</b> (CAPITAL LETTER, as per Passport)*	
<b>Family Name (Surname) *</b>	
<b>Date of Birth *</b> (DD/MM/YYYY) / /	<b>Gender*</b>
<b>Nationality*</b>	

## B. Contact Information

<b>E-mail Address *</b>
<b>Alternative E-mail Address*</b>
<b>Mobile Number*</b> <i>Country Code – Phone Number</i>

## C. Health Conditions

<b>Allergies*</b>
<b>Major Health Problems*</b>
<b>Medication Currently Taken*</b>
<b>Dietary Requirements</b> (NA/Halal/Vegetarian) *

## D. Education Information

<b>University/College/School Name*</b>	
<b>Grade Level *</b> <i>Please select (x) to indicate</i>	<input type="checkbox"/> Graduate (PhD/Master) <input type="checkbox"/> Undergraduate (Bachelor/Diploma) <input type="checkbox"/> High School <input type="checkbox"/> Teacher/Faculty Member/Staff
<b>Major/Faculty*</b>	
<b>Year of Study/Position *</b> <i>Indicate position for Teacher/Faculty Member/Staff ONLY</i>	

Please select (X) to indicate your English proficiency with 1 being lowest and 5 being highest.

	1	2	3	4	5
<b>English*</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Native Language (Please Specify) *</b>					

## E. Parent/Guardian/Next-of-Kin Information

<b>Full Name*</b>	<b>Relationship with Applicant*</b>
<b>Occupation*</b>	<b>Mobile Number*</b> <i>Country Code – Phone Number</i>
<b>E-mail Address*</b>	

## **F. Achievements/Experiences**

### **Awards/Scholarships**

--

### **Co-Curricular Activities (Clubs, Societies, Sports, Performing Arts or Competitions, etc.)**

--

### **Volunteer/Internship/Job Experience**

--



## G. General Questions

**Please answer the following questions in no more than 200 words each.**

**Why do you want to take part in the Asian Youth Leaders Elite Program? How does it fit into your personal goals now, and your future career/life goals? \***

**What characteristics do you possess that make you qualified to be in our program? \***

**Tell us a difficult challenge you faced and how did you overcome it? \***

## H. Scholarship Application Question

Please select (X) if you would like to apply for scholarship? (If yes, please answer the question below) \*

Yes

No

**Is there any other additional information that you would like to share with us? Are there any qualities that you possess that were not addressed in this application that you feel are important to share?**

*(Please answer the following question in no more than 500 words)*





## I. Choices

Please rank your choices from the following list of countries:

**Azerbaijan, United Arab Emirates, Sri Lanka**

<b>1<sup>st</sup> Country*</b>
<b>2<sup>nd</sup> Country*</b>
<b>3<sup>rd</sup> Country*</b>

## Declaration

I hereby declare that the particulars provided are true to the best of my knowledge and that I have not willfully suppressed any material facts.

Please pay the application fee after your submission. As all communication regarding your application will be via email only, kindly check your email regularly.

*(Please insert your digital signature here)*

**Signature:** \_\_\_\_\_ **Date (DD/MM/YYYY)** \_\_\_/\_\_\_/\_\_\_

Please send this application form to [admissions@aylep.com](mailto:admissions@aylep.com) after completing it.