



## PROFESSIONAL INTERNSHIP PROGRAM

Dear Program Applicant,

Thank you for your interest in applying to the Professional Internship Program. The Hungarian-American Enterprise Scholarship Fund's (HAESF) objective is to promote free enterprise and development in Hungary and to continue to strengthen ties between the United States and Hungary by creating opportunities for accomplished Hungarians and those of great promise to gain professional experience in the United States, thereby enhancing their contribution to Hungarian society.

Endowed by U.S. Treasury funds, HAESF's Professional Internship Programs allows for fully funded 6-12 month internships in the United States. The goal of the program is to provide promising future leaders of Hungarian society an opportunity to have a meaningful international training experience, thereby enhancing their contribution to their home country and its development upon their return. Selected Fellows will be placed in career-related internships that further their professional and personal development, provide them with leadership and cross-cultural communication skills, improve their English language acquisition and help them advance as they enter the work force at home.

Applicants are required to complete the following Application in its entirety and to submit it to the HAESF office in Budapest by the stated deadline. To help you in completing the Application, we have included checklists on the following page. Please use the checklist to guide you through the process of completing the application.

For further assistance, you may contact HAESF's Program Officer in Budapest at any time by phone (+36-1-413-0018) or by email ([info@haesf.org](mailto:info@haesf.org)). Additional instructions and information can also be found on HAESF's main program website at [www.haesf.org/professional/overview.html](http://www.haesf.org/professional/overview.html).

Thank you again for your interest in HAESF's Professional Internship Program.

Elizabeth Simon  
Executive Director



## APPLICATION CHECKLIST

HAESF Professional Internship Program candidates will be assessed on the applicant's academic and professional qualifications as well as their English language skills. Candidates must include the following documents with the completed Application Form. Missing application material will result in automatic rejection of the application.

**NOTE: Please, submit 2 copies of Application Form, Resume, and Personal Statement. A single copy of transcripts and diploma is sufficient.**

- Application Form
- One passport size photograph
- Resume (see [www.haesf.org/professional/resume.html](http://www.haesf.org/professional/resume.html) for instructions)
- Personal Statement (see page 6 of this Application Form)
- Applicants should have a level of English proficiency to work in a challenging work environment in the United States. Applicants **MUST** provide one of the following proofs of English proficiency.
  - TOEFL: minimum score of 600 on the old paper-based exam (ITP) or 90 on the Internet-based exam (iBT)
  - Any complex English language exam at a C1 (advanced) level
  - Complex state proficiency exam of English language (advanced level) and its English translation
- One copy of any other relevant certificates of completion (from technical/trade colleges, apprenticeships, additional language skills, etc.) in Hungarian or English
- A copy of an entire university transcript (index) translated into English and certified by university
- A copy of your university diploma (if applicable) certified by university (in English or Hungarian)
- 2 Letters of reference (1 academic, 1 professional/experiential). Letters should be written or translated into English and discuss the following issues:
  - Nature of relationship with applicant
  - Internship's relevance for applicant's future and career goals
  - Assessment of applicant's character, abilities, strength, and weaknesses
  - Please submit letters of recommendation in signed and sealed envelopes

## PLEASE TELL US HOW YOU LEARNED ABOUT THE HAESF PROFESSIONAL INTERNSHIP PROGRAM?


- Professor/Academic Advisor
- Poster (provide location):
- Email, newsletter (please, list):
- Advertisement (name of publication):
- Friends or relatives
- Web search/other websites (please, list):
- Article, program (please, list media source):
- Job or study abroad fair (provide location):
- Other (please, list):

## FOR ALL APPLICATION, ACCEPTANCE, AND PRE-DEPARTURE INFORMATION AND QUESTIONS, PLEASE CONTACT:

Kati Szalay  
CIEE EXCHANGES, INC.  
Kereskedelmi Képviselete  
(HAESF Ösztöndíj Alap)  
Andrássy út 61., I/5.  
Budapest  
1062 Hungary

Tel: (36-1) 413-0018  
Fax: (36-1) 413-0019  
Email: [info@haesf.org](mailto:info@haesf.org)



PERSONAL DETAILS (Please complete as they appear on your passport)	PASSPORT PHOTO
Last name:	Please attach a passport sized photo here:  
First name:	
Middle name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth (dd/mm/yyyy):	
City of birth:	
Country of birth:	
Country of citizenship:	
Country of legal permanent residence:	
Passport number:	
Passport expiration date (dd/mm/yyyy):	

CONTACT INFORMATION	
Current street address:	
City:	Postal code:
Telephone (country code/city code/number):	
Mobile (country code/city code/number):	
Email (mandatory):	
At this address until (dd/mm/yyyy):	
Permanent address: <input type="checkbox"/> (Check if same as above)	
City:	Postal code:
Telephone (country code/city code/number):	
Mobile (country code/city code/number):	

EMERGENCY CONTACT (Please enter next of kin)	
Last name:	
First name:	Middle name:
Street address:	
City:	Postal code:
Telephone (country code/city code/number):	
Mobile (country code/city code/number):	
Relationship to applicant:	



## PREVIOUS VISAS

Have you ever received a J-1 Visa to enter the U.S.?  Yes  No If yes, how many?

If yes, please complete the following for each previous J-1 visa:

1) Type of program:

- Summer work/travel
- Au Pair or EduCare
- Camp counselor
- Trainee
- Intern
- Research Scholar
- Other, specify:

Organization (employer):

Program sponsor:

City:

State:

Dates of DS-2019 (dd/mm/yyyy):

From:

To:

2) Type of program:

- Summer work/travel
- Au Pair or EduCare
- Camp counselor
- Trainee
- Intern
- Research Scholar
- Other, specify:

Organization (employer):

Program sponsor:

City:

State:

Dates of DS-2019 (dd/mm/yyyy):

From:

To:

## OTHER VISA INFORMATION

Have you ever applied for a visa to immigrate permanently to the U.S.?  Yes  No

Have you ever been arrested and convicted of a crime?  Yes  No

Have you ever been refused a visa by a U.S. Embassy or Consulate?  Yes  No

## POST-SECONDARY SCHOOL EDUCATION

**In the event that you have attended more than one post-secondary school, please fill and print out a separate Post-Secondary School page for each one.**

Name of education institution attended:

Type of institution (must be a university or university + Ph.D.):

Address:

City:

Postal code:

Country:

Department chair:

Title:

Telephone:

Email:

Major field of study:

Minor:

Overall academic average:

Academic average in major field of study:

Have you completed your current studies?  Yes  No

If no, when is your expected graduation date? (dd/mm/yyyy):

How many years of your current studies have you completed?

If yes, what was your graduation date? (dd/mm/yyyy):

Name of diploma/degree received:



## STUDENTS IN THE 3+2 YEAR SYSTEM

In the event that you have attended more than one post-secondary school, please fill and print out a separate Post-Secondary School page for each one.

### 1) BACHELOR'S DEGREE

Name of education institution attended:		
Type of institution (must be a university or university + Ph.D.):		
Address:		
City:	Postal code:	Country:
Department chair:		
Title:		
Telephone:	Email:	
Major field of study:	Minor:	
Overall academic average:	Academic average in major field of study:	
Have you completed your current studies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, when is your expected graduation date? (dd/mm/yyyy):	How many years of your current studies have you completed?	
If yes, what was your graduation date? (dd/mm/yyyy):	Name of diploma/degree received:	

### 2) MASTER'S DEGREE

In the event that you have attended more than one post-secondary school, please fill and print out a separate page for each one.

Name of education institution attended:		
Type of institution (must be a university or university + Ph.D.):		
Address:		
City:	Postal code:	Country:
Department chair:		
Title:		
Telephone:	Email:	
Major field of study:	Minor:	
Overall academic average:	Academic average in major field of study:	
Have you completed your current studies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, when is your expected graduation date? (dd/mm/yyyy):	How many years of your current studies have you completed?	
If yes, what was your graduation date? (dd/mm/yyyy):	Name of diploma/degree received:	



## PERSONAL STATEMENT

While your resume will detail your professional and academic background, the focus of your Personal Statement should be your career goals and internship expectations. Please attach your Personal Statement (at least 1,000 words, double-spaced) on a separate sheet of paper addressing the following items in a continuous essay written in English:

1. Please explain why you wish to participate in the Professional Internship Program.
2. Describe in detail your career goals; describe your areas of interest within a chosen field and explain why these particular areas are of interest to you.
3. Explain what challenges or problems the industry you are interested in faces in the upcoming years; explain further what solutions or improvements you would propose to successfully address those issues.
4. Describe yourself: your personal qualities (strengths and weaknesses) and professional skills that will help you excel in this fellowship.
5. Please explain how your participation in this Fellowship will assist in fulfilling your future career and personal goals upon your return to Hungary.
6. Please explain how your participation in this Fellowship program will contribute to Hungary's continued development.

## PREFERRED DEPARTURE/RETURN DATES

Date of departure from Hungary (dd/mm/yyyy):

Date of return to Hungary (dd/mm/yyyy):

Internship start date (dd/mm/yyyy):

Internship end date (dd/mm/yyyy):

Exact duration of stay in the U.S. in months:

Requested time-off (please list all known personal/academic commitments such as exams, graduation, etc. while on program) List reason and approximate duration and dates:

1.

2.

3.

4.

5.



## INTERNSHIP PLACEMENT PREFERENCES

An Internship/Training placement will consist of professional training related to your individual field of study and career path. HAESF cannot guarantee placements of desired length, in desired geographical locations or at preferred companies. However, individual suggestions and preferences will be taken into consideration whenever possible. If you have an established contact with a potential host organization through your personal network (current employer, professor etc.), please provide their contact information below. Please, answer the following questions in a detailed but concise manner.

1. Field/industry of interest:

2. Specialization(s) within the field of interest (if any):

3. Please list 3-5 preferred companies/organizations that you would like to intern with.  
(The list of companies you provide should NOT be restricted to the Current Companies list posted on the HAESF website.)

Company's name:	Website:
Company's name:	Website:
Company's name:	Website:
Company's name:	Website:
Company's name:	Website:

4. Please list potential host companies/organizations you have already established contacts with (if applicable):

Company's name:	Website:
Contact person:	Phone:
Email:	

5. Please check this box  if you have plans and resources to establish contacts through your personal networking, but have not done so yet.

Company's name:	Website:
Contact person:	Phone:
Email:	

6. Please, answer the following questions (maximum of 15 words):

- a) What are your placement expectations?
- b) What level of training are you looking for?
  - Entry-level (explain):
  - Junior-level (explain):
  - Experienced (explain):
- c) What would constitute a good internship/training experience for you?
- d) What would constitute an unsatisfactory internship/training experience for you?
- e) What skills do you expect to offer during your internship/training?
- f) What skills do you expect to gain during your internship/training?



## PARTICIPANT DECLARATION

Please read, sign, and keep a copy for your own reference below. All applicants must read the following terms and conditions and sign below to confirm acceptance of the conditions.

1. Each applicant agrees that all the information provided in the application is true to the best of his or her knowledge, and acknowledges that any false or misleading information may lead to immediate dismissal from the program. Reference letters submitted as part of the application package are to be written by the referee, not by the applicant and simply signed by the referee. Personal statements must represent the applicant's original work and thoughts, and are not to be copied from any other source, e.g., internet templates or previous applicants' work. Plagiarism of any kind will lead to automatic dismissal from the program.
2. The Hungarian-American Enterprise Scholarship Fund is a competitive fellowship award and therefore reserves the right to select a limited number of applicants to receive the award, who the selection committee decides best embody the values, goals and objectives of HAESF.
3. HAESF makes no representation or warranty of any kind, expressed or implied as to the suitability of the Fellowship for any participant and HAESF disclaims all such warranties to the full extent of the law.
4. The Fellow is responsible for considering his or her personal health and safety needs, and those of any accompanying family members, when applying for or accepting the Fellowship. If the Fellow suffers from any health or other condition that would create a risk for him/her while abroad, he or she should not apply.
5. The Fellow is responsible for reading and carefully considering all materials made available that relate to safety, health, legal, environmental, political, cultural and religious customs and conditions in the U.S. Each participant must take full responsibility in the event that laws, regulations, or customs are broken, regardless of foreknowledge.
6. Fellowship award amounts will be calculated based on visa fees, travel, medical insurance, accommodation, meals and basic daily living expenses. Exact award amounts will be communicated to the Fellows in the form of an award report that they will be required to sign and date. Fellows should be prepared to bring money to pay for their own discretionary spending (for example: gift shopping, tourist travel in the U.S., cultural events, etc.).
7. Applicants are responsible for submitting all requested documentation (including passport copy) to the HAESF office by the deadline stated in the Fellowship award acceptance letter for visa processing. HAESF cannot be held responsible for any additional costs incurred (Including the cost of rebooking a flight) due to delays by Fellows in submitting documentation or delays by the U.S. Embassy in issuing a visa.
8. Passports must be valid for at least 6 months beyond the anticipated date of departure from the U.S.
9. Fellowship stipends will begin on the first day of the Fellowship and end on the last day of the Fellowship (within the legal program dates). Fellowship insurance will start on the date of arrival in the U.S. (up to 10 days before the beginning of the Fellowship) and terminate on the day of departure from the U.S. (up to 30 days after the end of the Fellowship).
10. Fellows will be issued a DS-2019 form, but HAESF cannot guarantee that the U.S. Embassy or Consulate will issue a J-1 visa.
11. Insurance is provided for each Fellow for the entire legal stay in the U.S. It is the responsibility of each Fellow to purchase further insurance should he or she extend his or her period abroad for any reason. HAESF cannot be held responsible for any insurance claims in the event that Fellow has failed to secure adequate insurance.
12. It is the responsibility of the Fellow to exercise due care once in possession of the legal documentation (DS-2019) and visa. The cost of replacing these items due to lack of care must be borne by the Fellow.
13. HAESF reserves the right to dismiss from the Program any Fellow who is deemed by HAESF to be a danger to him or herself or others or whose conduct is deemed to be detrimental to the Program. In the event of such a dismissal, HAESF shall not be held responsible for any airfare, charges, or any other expense incurred by the Fellow.
14. The Fellow shall be responsible for and held liable for all his or her acts along with any loss or damage that results from those acts while he or she is on the Program. In the event that HAESF, its affiliates and overseas cooperators, and/or any respective employees, agents and representatives of any of these entities suffer any loss or damages as a result of the acts of the Fellow, then the Fellow agrees to indemnify the party that suffered such loss or damages. Such claims for indemnification shall cover any and all reasonable claims, causes of action, judgments, losses, costs, or expenses which may be made against any of the parties listed or which said parties may suffer or incur as a result of or relating to acts of the Fellow.
15. The Fellow must supply HAESF with the name and contact details of next of kin, to be contacted in the case of emergency on the application form.
16. All travel before, during and after the program is at the Fellow's own risk. Any participant who chooses to operate motorized vehicles is responsible for obtaining the necessary license, permission, and insurance and does so at his or her own risk.
17. Individuals who have recently held a J-1 visa for the U.S. have to remain in their home country for a minimum of 90 days before HAESF can issue a DS-2019 form.
18. While HAESF will always endeavor to fulfill its responsibilities, HAESF cannot accept liability or responsibility for alterations, delays, acts of government or public authority or other circumstances amounting to a "force majeure".
19. This program is subject to U.S. government approval and change without notice. Please also note that the U.S. government has implemented an immigration tracking system, known as SEVIS, for all J-1 visa holders.
20. The visa application process can take anywhere from 10 business days to several weeks to complete. Since Fellow must surrender his or her passport to the embassy during the visa application process, Fellow must be sure not to arrange any travel, for which a passport is necessary, during the visa application period.
21. Fellow understands that, upon completion of the HAESF program, she or he is required to return to Hungary for a minimum of three years, and is not permitted to stay or attempt to stay in the U.S. or any other foreign country, including to work or pursue work. Fellow understands that, in the event that she or he does not meet the three-year residency requirement without the express consent of HAESF or CIEE, she or he may be required to refund the entire Fellowship amount.

I hereby waive and release HAESF, its affiliates and overseas co-operators, and their respective employees and representatives, to the maximum extent permitted by law, from any claims, causes of action and liability for any loss or damage (including, without limitation, damage to property, personal injury, illness or death) suffered or incurred in connection with the HAESF Fellowship Program or Fellowship Internship, whether based on breach of contract, statutory duty or warranty, negligence or any other grounds. I will indemnify HAESF, its affiliates and overseas cooperators, and their respective employees and representatives of any loss or damage incurred or suffered by them and caused by me in connection with the Program.

I agree to abide by all HAESF program rules and by United States government laws pertaining to my visa status. I have carefully read and agree to honor the details of my Fellowship, and also acknowledge my responsibility to strictly follow the rules and regulations of my host organization in the U.S.

I understand that HAESF's sponsorship authorizes me to do my Fellowship only at the organization cited by HAESF or as outlined by my proposal. I understand that I am not authorized to seek or carry out any other training or regular employment during the period covered by HAESF's sponsorship.

I certify that all of the statements in this form are correct and that I have carefully read the conditions of this program. I am aware that any violation of program conditions may cause HAESF to withdraw its sponsorship, resulting in a loss of my legal right to remain in the U.S. and to carry out my Fellowship, and that I will not be entitled to any reimbursement of costs.

Applicant's Signature:

Date (dd/mm/yyyy):