Membership ID#_____

IEFAUSA

INTERNATIONAL EDUCATIONAL FOUNDATION- IEFAUSA.,Inc.

P.O. Box 45861, Philadelphia, PA 19149.
Tel: 717-447-IEFA (4332); 267-731-7751 Fax: 215-909-4332
Email: iefa@usa.com . Website: www.iefausa.org

Recent Stamp Size Photograph

MEMBERSHIP APPLICATION

(For College Students)

Signature of Applicant

General Information:

Name: _____
First *Middle Initial* *Last*

Home Address: _____
Number & Street -Apt#

_____
City or Town State Pin code

_____ _____
Telephone Number (home) Cell Number

_____
E-mail address

Date of Birth: _____ / _____/ _____
Month Date Year

Sex: ☐ Male ☐ Female

_____ _____
Father's/Mother's Name Cell Number

_____
Father's/Mother's E-mail address

Or

_____ _____
Parent/Guardian Name Cell Number

_____
Parent/Guardian E-mail address

Educational background:

List all the schools in order, starting with the most recent.

SCHOOL NAME	ADDRESS	FROM	TO	DEGREE	GPA

If space is not enough, attach separate sheet.

College Entry Exams:

Indicate the test you have taken, including dates and final scores.
(TOEFL, GRE, GMAT and GRE subject tests…. etc.)

☐ TOEFL _____ / _____/ _____ _____
Month Date Year Score

☐ GRE _____ / _____/ _____ _____
Month Date Year Score

☐ GMAT _____ / _____/ _____ _____
Month Date Year Score

☐ _____ _____ / _____/ _____ _____
Month Date Year Score

☐ _____ _____ / _____/ _____ _____
Month Date Year Score

If space is not enough, attach separate sheet.

Educational goals:

Indicate the college you plan to attend: _____

Indicate the degree you wish to pursue: Major: _____

☐ B.A/B.S. ☐ M.S. ☐ M.B.A ☐ Ph.D.

☐ Other _____

Indicate the semester you plan to enter ☐ Fall ☐ Spring 20_____

Extra-Curricular Activities:

☐ Sports_____

☐ Volunteer work _____

☐ Memberships/Affiliations_____

☐ Awards_____

☐ Scholarships_____

☐ Other achievements _____

Signature:

I certify that the information contained in this application is true to the best of my knowledge.

_____ _____

Signature of applicant *Date*

_____ _____

Signature of Parent/Guardian *Date*
(If applicant is under 18 years of age)

Membership Referral Form

Reference:

Referee Name: _____

IEF Reference Number: _____

Phone: _____

Email: _____

IEFAUSA reserves the right to refuse or revoke any membership.

OFFICE USE ONLY:

Approved ☐

IEFAUSA Membership ID#_____

Refused ☐

Date:_____