Membership ID#_____

INTERNATIONAL EDUCATIONAL FOUNDATION-IEFAUSA.,Inc.

IEFAUSA

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

MEMBERSHIP APPLICATION

(For High School Students)

Recent Stamp Size Photograph

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

School Information:

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

School Name: _____

Address: _____

_____

School Counselor: _____

Grade: _____ GPA: _____ Class Rank: _____

If space is not enough, attach separate sheet.

Tests Taken:

Indicate the test you have taken, including dates and final scores.
(PSAT, SAT, ACT and SAT subject tests…. etc.)

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

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

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

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

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

If space is not enough, attach separate sheet.

Extra-Curricular Activities:

List all the Extra-Curricular Activities (Sports, Volunteer work, Memberships/Affiliations, Awards, Scholarships… etc.)

_____

_____

_____

If space is not enough, attach separate sheet.

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: _____

Referee Phone: _____

Referee Email: _____

IEFAUSA reserves the right to refuse or revoke any membership.

OFFICE USE ONLY:

Approved ☐

IEFAUSA Membership ID#_____

Refused ☐

Date:_____