



## National Council on U.S.-Arab Relations

1730 M St., NW, Suite 503, Washington, DC 20036  
Phone: 1-202-293-6466 | Fax: 1-202-293-7770  
www.ncusar.org

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# Arab World Scholar

Special Professional Development Opportunity for  
High School Participants in the Model Arab League Program  
*Week in Washington, D.C. Internship Program*

**Summer 2016**

## APPLICATION FORM

The **National Council on U.S.-Arab Relations (NCUSAR)** is pleased to sponsor the Arab World Scholar Program for high school students who have participated in [Model Arab League](#). The program consists of a one-week internship with the National Council in Washington, DC, coordinated in conjunction with the undergraduate-level Summer Internship Program.

**Eligibility:** Alumni of any National Council-sponsored high school Model Arab League program may apply. Outstanding applicants will be selected, with a preference for students in the 11th Grade or higher. Recent senior high school graduates are also eligible. The Arab World Scholar program is an unpaid internship and all related expenses are the responsibility of the applicant; the National Council will cover the cost of the selected student's roundtrip airfare to Washington, D.C. and hotel accommodations in the D.C. metro area. Eligible students must complete the application available below.

### Program Details

The Arab World Scholar recipient's one week in Washington will consist of participation in one week of the undergraduate-level NCUSAR Summer Internship Program in Washington, D.C., which runs from May 23rd – July 29th, 2016. The exact dates of the Arab World Scholar program will be determined based on availability. The program offers professional work experiences combined with twice weekly evening seminars that bring academic experts and experienced foreign policy practitioners to meet with the interns in candid discussions. Our goals are: **(1)** to provide a realistic Washington, D.C. work experience that will pave the way to career development; **(2)** to provide interns with access to the foreign policy community in Washington, D.C.; **(3)** to provide a strong academic component dealing with U.S. political, economic, and cultural relations with **Arabia and the Gulf region**; **(4)** to help participants begin the process of career networking by introducing them to working professionals in government, business, journalism, and NGOs; and, **(5)** to highlight the wide range of career opportunities in the field of U.S.-Arab relations.

As a complement to the program, interns will also be exposed to D.C. in a less formal manner via films, cultural events, embassy and museum visits, conversations with former diplomats, group dinners, and suggestions for exploring the sights and sounds of Washington, D.C. Arab World Scholar participants will enjoy one week of such opportunities, with the content dependent on the schedule of the NCUSAR Summer Internship Program.



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### **A completed Internship Program Application includes the following items:**

- 1)** A double-spaced essay (no more than 2-pages in length) on the topic:  
*U.S. – Arab Relations: Challenges for the Obama Administration*
- 2)** A résumé.
- 3)** An official high school transcript.
- 3)** The following completed forms from this application (*you may either enter your information electronically and print the document before affixing the required signatures OR print a blank copy of the document and fill-out by hand*):
  - a)** *Contact Information* (Page 3)
  - b)** *Emergency Contact Information* (Page 3)
  - c)** *Internship Program Contract* (Page 4-5)
  - d)** *Application Addendum for Minors* (Page 6)



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### CONTACT INFORMATION

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

YEAR IN SCHOOL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

### MODEL ARAB LEAGUE EXPERIENCE

Please list the Model Arab League conferences you have attended and include any honors received:

### EMERGENCY CONTACT INFORMATION

NAME(S) AND RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

OFFICE OR PROFESSIONAL PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

DOCTOR'S TELEPHONE: \_\_\_\_\_

Please list any medical conditions that NCUSAR and sponsoring organizations should be aware of:

Please list any special instructions you may have in case of an emergency:



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## INTERNSHIP PROGRAM CONTRACT

### Required Agreements for all applicants

All applicants are required to 'x' the boxes and sign below indicating they have read and understand the following agreements. Applicants must also answer all the questions found in this section:

**Financial Responsibility** - I understand it is my responsibility to be aware of any transportation, accommodation, and meal expenses during my enrollment in the National Council's Summer Internship Program. I understand that all logistical arrangements required to participate in the program are my responsibility.

**Under 18 Minor Accommodations** - I understand that, if I have not yet reached the age of 19 by the scheduled start of my internship, it is the responsibility of my family to arrange proper oversight and care for me while in Washington. I understand that most hotels have minimum age requirements, and if needed a parent or legal guardian may need to escort me during the internship period.

**Internship Status** - I understand that all internships provided under the auspices of the NCUSAR are unpaid.

**Work Status and Expectations** - I understand that this internship experience requires me to work full time [35-40 hours/week] in my internship placement AND to participate fully in all seminar sessions and scheduled program activities.

**Personal Conduct** - I understand that I am a representative of the National Council and of my high school institution at all times and in all public places. I agree to abide by the laws of the United States, the District of Columbia, and any state where I may be domiciled or present. I agree to accept and abide by the rules and standards of my assigned workplace and to conduct myself professionally and to the standards of internationally accepted personal behavior. I further understand that my failure to meet these laws, rules, and standards may result in the termination of this internship. I will be responsible for any costs associated with said early termination.

**Post-Internship Plan** - I understand that I must provide a report of my internship experience to NCUSAR and to my local and/or school newspapers no later than two weeks after its completion.

1. Have you ever been found responsible for a disciplinary violation at any school you have attended, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal or expulsion from the institution?  
 YES  NO

2. Have you ever been convicted of a felony?  YES  NO

*If you answered yes to either or both questions, please attach a separate document that gives the approximate date of each incident and explains the circumstances.*

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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### PARENTAL/LEGAL GUARDIAN CONSENT FORM

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Has permission to travel to Washington, DC to participate in the National Council on U.S.-Arab Relations' Summer Internship Program.**

**Without Restrictions**

**Special considerations or restrictions:**

\*Parents/legal guardians are encouraged to join the Arab World Scholars during their time in Washington, D.C. Guardians are invited to attend all program activities but are responsible for transportation and meal costs.

### HOLD HARMLESS AGREEMENT

I understand that participation in the program involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the program is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the National Council on U.S.-Arab Relations, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN PHONE: \_\_\_\_\_ PARENT/GUARDIAN E-MAIL: \_\_\_\_\_



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### APPLICATION ADDENDUM

#### **Unaccompanied minors under 18 years of age must consent to the following policies and procedures in order to be considered for acceptance in the Arab World Scholar Program.**

I must arrive at the office at the times agreed upon with my supervisor. Any late arrivals, accidents, sicknesses, or personal and family emergencies must be reported immediately to my supervisor via telephone.

I must attend all official programming unless an emergency situation prohibits me from doing so. I will remain in the company of a National Council Representative when I am outside the office for internship programming.

I must receive the direct consent of my supervisor before leaving official program premises for any reason. This includes the internship organization, seminars, or site visits.

I must be in the arranged lodging by 9 pm each evening. I understand that a National Council representative will contact me at this time to ensure this policy is followed.

I will have the contact information of my National Council Supervisor in the event that I am lost, sick, or otherwise unable to fulfill program obligations. Immediate communication is required.

I accept that my internship can be terminated and my guardian will be contacted if any of these policies and procedures are breached.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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All materials should be submitted by mail or express delivery to the National Council on U.S.-Arab Relations at the address below by **Thursday, March 31, 2016**.

### COMPLETED APPLICATIONS SHOULD BE MAILED TO:

National Council on U.S.-Arab Relations  
ATTN: Arab World Scholars  
1730 M Street NW, Suite 503  
Washington, DC 20036

*If you have any questions please call the National Council on U.S.-Arab Relations at (202) 293-6466.*



Founded in 1983, the **National Council on U.S.-Arab Relations** is an American non-profit, non-governmental, educational organization dedicated to improving American knowledge and understanding of the Arab world. The Council has been granted public charity status in accordance with Section 501(c)(3) of the Internal Revenue Code.

Address: 1730 M St, NW, Suite 503, Washington, DC, 20036, USA  
Phone: 202-293-6466 Fax: 202-293-7770  
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