

**U.S. Mission Budapest  
Foreign National Student Intern Program (FNSIP) – Statement of Interest**

**Section 1: Personal Information**

Name:	
Address:	
Email:	
Phone:	

**Do you have any relatives that currently work in this U.S. mission? Yes No**  
If yes, please provide their name, position title, and the section where they work.

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Are you a citizen or legal permanent resident of the country where this U.S. mission is located?      Yes              No

(If you answered “no”, you are not eligible to participate in the FNSIP)

**Section 2: Education**

Name and full address of your current College, University, or Institution	Dates Attended From (mm/yyyy)  To (mm/yyyy)	Did you graduate?	Name and Telephone Number of instructor:
		Yes      No	
		Major Area of Study:	

**How many hours per week are you able to participate in the FNSIP?**

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What days of the week are you available?

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Please list your proposed start and end dates.

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### **Section 3: Languages**

Please list the languages that you speak, read and/or write and the level for each below:

1. **Basic:** *Examples - Basic greetings, phrases, and numbers.*
2. **Limited:** *Examples – Directions, simple questions.*
3. **Good working knowledge:** *Examples – Conversations about familiar topics, complex documents.*
4. **Fluent:** *Examples – Infer nuanced meaning from complex documents.*
5. **Translator:** *Examples – Certified professional translator in this language.*

Language	Speaking	Reading	Writing

### **Section 4: Work Experience:**

**Paid and Voluntary – Please list your most current work experience**

Job Title	<b><u>From: (mm/yyyy)</u></b>	<b><u>To: (mm/yyyy)</u></b>	<b><u>Annual Salary</u></b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time			
Employer Name, Address and Phone Number			
<b><u>Main Duties and Responsibilities:</u></b>			
<b><u>Reason for leaving:</u></b>			

## **Section 5: Reason for wanting to participate in the FNSIP**

Please provide a brief statement to explain why you would like to be considered for the FNSIP and what you hope to achieve during the program that will benefit your current area of study. Please also indicate if there is a particular section of the U.S. mission that most interests you (e.g., Political, Economic, Management, Consular, or Public Diplomacy).

### **Declaration**

- I am a current student at a trade school, technical or vocational institute, junior college, college, university, or other accredited educational institution, and I am in good academic standing.
- I understand that any information I provide may be investigated and that any false statements may be grounds for non-consideration or termination from the FNSIP, if selected.
- I understand that, if I am provisionally selected for the FNSIP, a successful security and medical certification must be completed before I may begin the program.
- I consent to the release of information about my ability and fitness for the FNSIP by employers, schools, law enforcement agencies, and other individuals and organizations to U.S. mission-authorized investigators and personnel.
- I certify that, to the best of my knowledge, all my statements are true and complete.

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Printed Name of Applicant

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Date

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Signature of Applicant

U.S. DEPARTMENT OF STATE GRATUITOUS SERVICE  
AGREEMENT

I understand and agree that I am being provided an opportunity to perform volunteer services pursuant to 5 U.S.C. § 3111 as part of the Foreign National Student Intern Program. I understand that I will not be receiving any compensation in return for the services that I perform. I further agree that I waive any and all claims against the U.S. Department of State and/or the United States Government (USG) for payment of compensation as a consequence of my performance of services under this agreement. I further understand that I will not be considered an employee of the U.S. mission, the U.S. Department of State or the USG, except as otherwise provided by applicable law.

I understand that I have been accepted into the FNSIP and that my participation in this program is subject to termination at any time at the discretion of the U.S. mission.

Please sign below to acknowledge that you understand the terms of this arrangement.

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Printed Name of Student

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Date

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Signature of Student