



## BEL INITIATIVE FELLOWSHIP APPLICATION

### APPLICATION TIMELINE

- **December 2021: Application opens**
- **January 31, 2022: Application DEADLINE**
- March 2022: Finalists Interviews
- Mid-March 2022: Applicants are notified of application status
- Mid-March: July 2022: Travel/Visa Preparation and Orientation
- July 2022: BEL Initiative Program begins

### SELECTION CRITERIA FOR COMMITTEE

The committee will use the following criteria to evaluate applications. These are not required, and applicants are not expected to meet each bullet point.

- Committed to return to Haiti to implement ideas, knowledge, and skills obtained
- Scalability of your company or organization
- Have been operating your business for at least 1 year
- Impact that your company is having on your community or Haiti
- The ability to work cooperatively in diverse groups and respect the opinions of others
- Strong communication skills
- Creative/Innovative thinker and risk taker

### U.S. Applicants

- Willing to travel to Haiti if circumstances allow
- Have been operating your business, organization or project for at least 1 year
- Impact that your company is having on your community or Haiti
- Scalability of your company or organization
- The ability to work cooperatively in diverse groups and respect the opinions of others
- Strong communication skills
- Creative/Innovative thinker & Risk taker
- Interested in expanding internationally (especially to Haiti)

### **WHO CAN APPLY?**

Those who meet the minimum requirements listed below are encouraged to apply. Applicants will not be discriminated against by race, gender, religion, disability, or sexual orientation. Minimum requirements:

#### Haiti Applicants

- Your company or organization must be based in Haiti
- Must have some proficiency in English
- Must be at least 18 years of age by start of program
- Must be eligible to receive a United States J-1 or B-1 visa

#### U.S. Applicants

- Must be proficient in English
- Must be at least 18 years of age by the start of the program
- Must have a valid passport for travel in and out of the U.S



\*Please make sure your application is complete and submitted with all required documents. We will not consider incomplete applications.

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER:

MALE

FEMALE

EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

(Ex: Artibonite, Centre, Nord, etc..)

COUNTRY

PHONE NUMBER

ALTERNATE PHONE NUMBER



# INITIATIVE

A program of the GAHCCI

NAME OF BUSINESS OR ORGANIZATION \_\_\_\_\_

HOW LONG HAS YOUR COMPANY BEEN IN OPERATION \_\_\_\_\_

IS YOUR BUSINESS LEGALLY REGISTERED IN HAITI?

YES     NO    (PLEASE ATTACH COPY OF REGISTRATION OR PATENT CERTIFICATES)

WHAT IS YOUR COMPANY'S ANNUAL REVENUE? \_\_\_\_\_

(ATTACH PROOF OF ANY)

NUMBER OF EMPLOYEES \_\_\_\_\_

INDUSTRY \_\_\_\_\_

(Ex. Agriculture, Textile, Construction, Healthcare, etc.)

DO YOU HAVE ANY TRAINING IN THIS FIELD? \_\_\_\_\_

HIGHEST LEVEL OF FORMAL EDUCATION \_\_\_\_\_

DESCRIPTION OF WHAT YOUR COMPANY OR ORGANIZATION DOES?

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WHAT PROBLEM IS YOUR ORGANIZATION SOLVING OR SEEKING TO SOLVE?

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**WHY SHOULD YOU BE CHOSEN TO PARTICIPATE IN THIS PROGRAM?** (attach extra sheet if you need more space)

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**WHAT DO YOU HOPE TO GET OUT OF THIS PROGRAM?** (attach sheet if you need more space)

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**PLEASE LIST ANY ASSOCIATIONS/ORGANIZATIONS THAT YOU OR YOUR BUSINESS ARE MEMBER OF** (Ex: Chamber of Commerce, business clubs, women associations, etc.. (Provide proof of membership if possible)

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DO YOU HAVE A PASSPORT?

YES     NO    (PLEASE ATTACH COPY IF YES)

THE 2022 BEL INITIATIVE PROGRAM IS SCHEDULED FOR JULY 24 -AUGUST 13, 2022 (ABOUT 3 WEEKS). WILL YOU BE ABLE TO PARTICIPATE THROUGH THE WHOLE PROGRAM?

YES     NO

DO YOU HAVE A UNITED STATES VISA OR RESIDENCE CARD?

YES     NO    (PLEASE ATTACH COPY IF YES)

WHAT STAGE DO YOU CONSIDER YOUR BUSINESS TO BE IN?

- IDEA
- START-UP
- GROWTH
- ESTABLISHED
- EXPANSION
- DECLINE
- EXIT

You can review this article if you are unsure >> <https://www.thebalancesmb.com/find-your-business-life-cycle-2951237>

EMERGENCY CONTACT (HAITI)

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_



# INITIATIVE

A program of the GAHCCI

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT (UNITED STATES)

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**\*Please make sure your application is complete and submitted with all required documents. We will not consider incomplete applications\***

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

By providing my signature, I understand that if I have misrepresented or omitted any facts relative to this application, I can be denied or removed from the program. I also commit to helping Haiti become a developed nation through my talent, efforts and skills.

SUBMIT APPLICATION TO: [belinitiativehaiti@gmail.com](mailto:belinitiativehaiti@gmail.com)

DOCUMENTS TO SUBMIT WITH APPLICATION

- |   |   |
|---|---|
| <input type="checkbox"/> REFERENCE LETTER                 | <input type="checkbox"/> COPY OF VISA (IF APPLICABLE)                                     |
| <input type="checkbox"/> HEAD-SHOT PHOTO (REQUIREMENT)    | <input type="checkbox"/> BUSINESS REGISTRATION/INCORPORATION CERTIFICATES (IF APPLICABLE) |
| <input type="checkbox"/> COPY OF PASSPORT (IF APPLICABLE) | <input type="checkbox"/> PROOF OF REVENUE (IF APPLICABLE)                                 |

