NOMINATION FORM

A. Last (family) name as on passport;

B. First name as on passport;

PLEASE NOTE PASSPORT MUST BE VALID FOR AT LEAST SIX MONTHS AFTER SEPTEMBER 2025. Participants must be Maltese citizens. Dual U.S./Maltese citizens are not eligible.

C. Middle name(s) as on passport;
D. Date of birth (month/day/year);(Note: Applicants must be 16, 17 or 18 during the program)
E. City of birth;
F. Country of birth;
G. Country of residence;
H. Country of citizenship;
I.Passport number;
J. Expiry date of passport;
K. Nominee's full address (include apartment number, street, city, state, and postal zone);
L. Home telephone number;
M. Cell phone number;
N. E-mail:
O. Gender;
P. Medical, physical, dietary or other personal considerations (please note, no physical examination is required to participate in the program);
Q. COVID-19 vaccination:
R. Name of nominee's high school or college/university;

S. Nominee's field of study (if applicable);
T. Other educational, academic and professional experience or training. Please also note any special honors or awards received;
U. Work experience, including positions and titles (if applicable);
V. Active memberships;
W. Special interests and extracurricular activities;
X. Previous travel and study experience in the United States. Please include dates and indicate whether such travel was supported by U.S. government funds;
Y. Evidence of competence in written and oral English (e.g., test score, etc.);
Z. Future study or career plans;
Why do you want to participate in the BFTF?