

**Application:** International Career Advancement Program (ICAP), Josef Korbel School of International Studies, University of Denver, 2201 South Gaylord, Denver, Colorado 80208. If via e-mail to Denver, send to [ICAP@du.edu](mailto:ICAP@du.edu) and copy to [Tom.Rowe@du.edu](mailto:Tom.Rowe@du.edu)

**ICAP Dates and Deadline:** ICAP 2025 will be held in two parts: a one-day introductory session in late   
August in Washington, DC; and an eight-day session at the Aspen Meadows Resort/Aspen Institute in Aspen, Colorado, currently planned for September 13 to September 21, 2025. The application process opens in February and the final deadline for submitting applications to Denver is May 23, 2025. Sponsoring organizations may have intermediate deadlines for applicants to meet but will then submit materials to Denver by May 23. 2025.

**Please Note**: There is no application fee. Applicants selected as participants pay their travel expenses to Aspen or their employers cover those expenses. Meals and program costs in Washington, DC, and all program costs, conference services, rooms and meals in Aspen, totaling $11,000, are covered either by the sponsoring organization or by ICAP grants and donors. Employers seeking to sponsor an employee must contact Dr. Tom Rowe to make arrangements to reserve one or more slots no later than March 31, 2025. Individuals seeking to be sponsored by ICAP should submit their applications directly to Denver for that competition by May 23, 2025.

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| Biographical Information | | | | | | | | | | | | | | | |
| Last Name  (family name) | |  | | | First |  | | | | | M.I. | |  | Date |  |
| Street Address | | |  | | | | | | | | Apt./Unit# | | |  | |
| City |  | | | | State |  | | | | | ZIP |  | | | |
| Phone (Home) |  | | | | Cell Number | |  | | | | | | | | |
| Phone  (Work) |  | | | | Work E-mail | |  | | | | | | | | |
| Preferred E-mail | | |  | Gender | |  | | | Date of Birth | | | |  | | |
| Country of Citizenship | | | | | |  | | | | | | | | | |
| City, State and Country of Birth | | | | | |  | | | | | | | | | |
| If you are *not* a U.S. citizen, are you a permanent resident? | | | | | | YES | | NO | |  | | | | | |
| Ethnic Status **(optional)**  *Please check the appropriate box.* | | | | | | | | | | | | | | | |
| Black/African American | | | | | | Hispanic/Latino | | | | | | | | | |
| American Indian/Alaskan Native | | | | | | Other (specify) | | | | | | | | | |
| Asian/Pacific Islander | | | | | |  | | | | | | | | | |
| **Where did you learn about the International Career Advancement Program (ICAP)?** | | | | | | | | | | | | | | | |
| Former ICAP Participant or Senior Mentor  Name: | | | | | | Email Announcement | | | | | | | | | |
| Internet Advertisement | | | | | | Other (specify) | | | | | | | | | |

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| References | | | | | | | | | | | |
| Please list the names and addresses of two individuals you have asked to provide letters of reference. These should be from individuals familiar with your professional performance who can speak to your capabilities and potential for leadership. | | | | | | | | | | | |
| Name | |  | | | | | Position | |  | | |
| Address | | Email Address | | | | | | | | | |
| Name | |  | | | | | Position | |  | | |
| Address | | Email Address | | | | | | | | | |
| RESUME | | | | | | | | | | | |
| Please include a copy of your CV/resume with this application form. This should include your employment history, education, honors and publications with associated dates. | | | | | | | | | | | |
| Current Employment information | | | | | | | | | | | |
| Employer |  | | | | | Location | |  | | | |
| Position | | |  | | | | | | | | |
| Dates of Service | | |  | | | | | | | | |
| Responsibilities | | | | | | | | | | | |
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| Academic information | | | | | | | | | | | |
| Please list the colleges or universities attended in chronological order. | | | | | | | | | | | |
| Institution | | | | Dates of Attendance | Major Field | | | | | Degree or Diploma | Date Received or Expected | |
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| Community Service, Mentoring and Other Activities Indicating how you assist others | | | | | | | | | | | |
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| COMMITMENT TO STRENGTHENING SKILLS IN THE FURTHERANCE OF AMERICAN INTERESTS | | | | | | | | | | | | |
| Throughout your career, how have you sought to acquire and implement the skills that have allowed you to strengthen and defend American interests?  What are the crucial skills and support that you would like to acquire from ICAP and ICAP Alumni Network? | | | | | | | | | | | | |
| Language skills | | | | | | | | | | | | |
| Language Proficiency Other Than English: Please check the boxes below to characterize your ability.  1 -- Fluency, accuracy, comparable to a native speaker  2 -- Fluency, accuracy, sufficient for social and professional situations  3 -- Able to read writing in one’s field and to exchange ideas (though hesitantly)  4 -- Able to read simple writing with difficulty and to follow simple conversation (but not convey ideas) | | | | | | | | | | | | |
| Language | Reading Ability | | | | Writing Ability | | | | Speaking Ability | | | |
|  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

**Career Assessment:**

*What are your career goals at this point in time?*

*What are you doing to meet these goals?*

*What career programs or self-assessments have you done in the past?*

*What career topics would you be most interested in learning more about if you were a participant in ICAP?*

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| Statement of Interests, Objectives and challenges |
| Please explain, in a **brief** essay, what you feel you have accomplished to this point in your career, what you hope to achieve and the challenges and obstacles you have faced in pursuing your goals. Your statement should **not** exceed **300 words**. |
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**ICAP Letter of Recommendation:** International Career Advancement Program, Josef Korbel School of International Studies, University of Denver, 2201 South Gaylord, Denver, Colorado 80208

### **Section 1: This section should be completed by the applicant.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant | | | | | | | | | |
| Last  (or family name) | |  | First |  | | | Middle |  | |
|  | | | | | | | | | |
| applicant Waiver Statement and signature | | | | | | | | | |
| The following waiver statement is provided in accordance with the Family Education Rights and Privacy Act of 1974. You may waive your right to inspect this recommendation by signing the statement at your own discretion. Should you not sign, then you would have access to the recommendation when you enroll in the International Career Advancement Program.  “This is a confidential recommendation and will not be disclosed to me without prior consent of the recommender.” | | | | | | | | |
| Signature |  | | | | Date |  | | | |

### **Section 2: This section should be completed by the recommender.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| REcommender—Recommendation supplied by: | | | | | | |
| Name | |  | Title |  | | |
| Address | Email Address | | | | | |
| Signature | |  | | | Date |  |

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| Recommender: ICAP Letter of Recommendation | | | | |
| *Thank you in advance for providing a letter of recommendation that includes how long you have known the applicant and what you believe to be the applicant's major strengths and leadership potential.* | | | | |
| *In comparison with other individuals you have known at comparable stages in their careers, how would you rate the applicant’s overall qualifications and promise for future leadership?* (Please check one of the following boxes.) | | | | |
| Somewhat Below Average | Average | Somewhat Above Average | Top 25 percent | Top 10 percent |
| Recommender: *If sending a hard copy, please enclose this form with your letter of recommendation and submit to the organization sponsoring the individual by that organization’s deadline or mail by May 23, 2025, to: ICAP, Josef Korbel School of International Studies, University of Denver, 2201 South Gaylord, Denver, CO 80208. Or include an electronic copy of this form with your letter of recommendation and send it via email to the sponsoring organization by their deadline or to* [*icap@du.edu*](mailto:icap@du.edu)and copy to [*Tom.Rowe@du.edu*](mailto:Tom.Rowe@du.edu) *by May 23, 2025.* | | | | |



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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant | | | | | | | | | |
| Last  (or family name) | |  | First |  | | | Middle |  | |
|  | | | | | | | | | |
| applicant Waiver Statement and signature | | | | | | | | | |
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| Signature |  | | | | Date |  | | | |

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| REcommender—Recommendation supplied by: | | | | | | |
| Name | |  | Title |  | | |
| Address | Email Address | | | | | |
| Signature | |  | | | Date |  |

|  |  |  |  |  |
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| Somewhat Below Average | Average | Somewhat Above Average | Top 25 percent | Top 10 percent |
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