



Jakarta International Youth Program 2025

Participant Form - BERLIN

1. Personal Data

Name		Please insert here (or attach in the email) a clear half-body photo of yourself.
Date of Birth		
Occupation		
E-mail address		
Phone		
Dietary Restrictions		
Emergency Contact		

2. Please tell us about yourself, your interests, and future aspirations! (150-350 words). You may use additional pages, papers or separate attachment as required.

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Please submit the completed form to:

- Mr. Zhengyang Ji, zhengyang.ji@eab-berlin.eu
- by July 21st, 2025.