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| **-Sheet A 1** | | | | | | |
| 1. NAME OF APPLICANT (example: FAMILY NAME, First Name, Middle Name) PREFIX  LAST/FAMILY NAME:  FIRST NAME MIDDLE NAME | | 4. GENDER | | | | |
| 5. PLACE OF BIRTH (city or town, country) | | | | |
| 2. PERMANENT ADDRESS OF APPLICANT  Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(country code)(city code) ( number)*  Cell Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address: | | 6. DATE OF  BIRTH | | Month | Day | Year |
|  |  |  |
| 7. COUNTRY OF PRESENT CITIZENSHIP | | | | |
| 8. COUNTRY OF PRESENT RESIDENCE | | | | |
| 3. POSTAL ADDRESS OF APPLICANT | | 9. HAVE YOU HAD A FULBRIGHT GRANT IN THE PAST?  IF YES, PLEASE INDICATE YEAR | | | | |
| 10. EDUCATION List all post-secondary educational institutions attended, beginning with the most recent, including any in which you are currently enrolled  Academic transcripts, copies of diplomas, and English translations should be submitted to the U.S. Embassy or **Fulbright Commission** in your country. | | | | | | |
| Name of institution 1: | Dates Attended:  **from** / | | **to** / | | | |
| Location: Distance or Online | Major field(s) of study: | | | | | |
| Actual name of diploma or degree (do not translate but please use Latin characters) | Date received or expected:  / | | | | | |
| Name of institution 2: | Dates Attended:  **from** / | | **to** / | | | |
| Location: Distance or Online | Major field(s) of study: | | | | | |
| Actual name of diploma or degree (do not translate but please use Latin characters) | Date received or expected:  / | | | | | |
| Name of institution 3: | Dates Attended:  **from** / | | **to** / | | | |
| Location: Distance or Online | Major field(s) of study: | | | | | |
| Actual name of diploma or degree (do not translate but please use Latin characters) | Date received or expected:  / | | | | | |
| Name of institution 4: | Dates Attended:  **from** / | | **to** / | | | |
| Location: Distance or Online | Major field(s) of study: | | | | | |
| Actual name of diploma or degree (do not translate but please use Latin characters) | Date received or expected:  / | | | | | |
| 11. Name your **most significant** publications/honors/awards/projects/other accomplishments. | | | | | | |

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12. Field of Study

13. GIVE A 50-WORD SUMMARY OF YOUR PROPOSED PROGRAM PLAN (a more detailed plan to be described in question 21).

14. CURRENT OCCUPATION Organization

Your job title

Dates of Employment (month & year)

Name and address of your place of employment

/ - /

15. Describe your current job responsibilities:



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| Name & address of place of employment | Job Title | Dates of Employment  From (in years) To | |
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| Country visited | Reason for visit (e.g. study, work, tourism, conference) | Dates of Visit  From (mo./yr.)To (mo./yr.) | |
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| **Bio-Sheet B 2** | |
| 16. Previous positions held (begin with most recent):  17. Please rate your computer proficiency level using the following scale: 1=need help, 2=basic, 3=good.  Email Typing Web searching Online database research Word processing  Spreadsheets Presentation software Sharing photos Online travel reservations Social media  18. Please indicate countries outside your own, including the United States, in which you have lived, traveled, or studied. Please list dates (months/years) and reasons for each visit. Please attach an additional sheet if necessary. | |
| 19. Person to be notified in case of emergency (in home country):  Name of Contact Person State/Province  Address - Street Country City Zip code Telephone: ( ) | |
| I certify that all information given in this application is complete and accurate to the best of my knowledge. I agree to abide by the Policies governing the selection of Fulbright/Humphrey grantees, as established by the J. William Fulbright Foreign Scholarship Board (FSB) (complete policies available at http://eca.state.gov/fulbright/about-fulbright/j-william-fulbright-foreign-scholarship-board-ffsb/ffsb-policies). I understand that final approval of my application is dependent upon my eligibility for a J Visa in the United States. I also agree to return to my home country upon the expiration of my authorized stay in the United States. | |
| Date  / / | Electronic Signature of Applicant |

**2021 – 22 HUMPHREY FELLOWSHIP PROGRAM APPLICATION**

**Program Plan 3**

Name of Applicant

Country

20. Please describe your major area of interest and explain how this area addresses the specific development needs of your country.

21. Describe the type of Humphrey program you would like to design. Indicate the kinds of academic and professional experiences you would like to pursue.

22. Describe how the knowledge and skills you will gain will help you address your country's development needs.

**Personal Statements A 4**



Name of Applicant

Country

23. Please describe how you have demonstrated a strong commitment to public service (i.e. community, civic involvement or professional responsibilities, etc.).

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24. Please state your professional goals for the next five years. How will the Humphrey Program help you reach these goals?

**Personal Statements B 5**



Name of Applicant

Country

25. Describe a problem or challenging situation that you resolved by using your initiative. What was the outcome? Please select this example carefully. It should illustrate something that you want the review panel to know about your problem-solving, leadership abilities, or commitment to public service.

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| **Personal Information 6** | |
| **I. PERSONAL FINANCIAL INFORMATION *(Indicate all funds in your local currency.)***  1. Your annual salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indicate your local currency:  Income per year from other sources Indicate the local currency \_\_\_\_\_\_\_\_  2. Will your salary be continued in the U.S.? (If yes, what percentage?): \_\_\_\_\_\_\_\_ %  **II. DEPENDENTS: The Hubert H. Humphrey Fellowship Program does not provide allowances for dependents.**  If your dependents accompany you, you will be responsible for providing all travel, adequate medical insurance, and support for them. **English/Orientation Centers cannot accommodate dependents.** Dependents may not arrive until you are settled in your academic program and have found housing (at least 30 days after your arrival at academic placement).  1. Marital Status  2. List the relationships and ages of any persons who will require financial assistance from you during your academic year in the U.S.  **Name Relationship Age**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.  4.  3. Will any dependents be with you in the U.S.?  (If yes, give name(s), relationship(s), date(s) of birth, and state how you intend to provide for them during your year of study in the U.S.)  **Dependent Name Relationship Date of Birth**  1. / /  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. / /  3. / /  4. / /  **Ill. ENGLISH LANGUAGE PROGRAM**  1. If required, will you be able to arrive for English language training as early as April?  2. Will you be able to obtain a leave of absence from your current position for a period of 11 months, or up to  14 months if you require English training?  3. When will you take a standardized test that assessed your English language ability, such as TOEFL?  / /  (If you have not scheduled this test before October 1, you must notify the Binational Fulbright Commission in Jordan **immediately**.)  **IMPORTANT**  1. An official TOEFL score (no more than two years old) is required for all countries except the English-speaking Caribbean.  2. You must indicate that you want your TOEFL score reports sent to: Institute of International Education (Hubert Humphrey Fellowship Program) Code Number 9616. You must be sure to indicate this code (9616) on the registration forms or on the answer sheets provided at the time you take the examination.  3. As soon as you receive your TOEFL score, report it to the Binational Fulbright Commission or U.S. Embassy.  4. Please sign below as authorization for IIE to receive your TOEFL score.  I hereby authorize the Institute of International Education to receive my TOEFL score report. | |
| Date / / | Signature of Applicant |

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| **English Language 7** | | | | |
| NAME OF APPLICANT | | | | |
| COUNTRY OF RESIDENCE | | | | |
| APPLICANT'S NATIVE (HOME) LANGUAGE  **A. HISTORY OF APPLICANT'S FORMAL STUDY OF ENGLISH** | | | | |
| LEVEL | NUMBER OF YEARS | NUMBER OF MONTHS PER YEAR | NUMBER OF HOURS PER WEEK | NATIVE LANGUAGE OF INSTRUCTOR |
| SECONDARY SCHOOL |  |  |  |  |
| UNIVERSITY |  |  |  |  |
| PRIVATE STUDY |  |  |  |  |
| **B. ENGLISH LANGUAGE TESTS**   1. Test of English as a Foreign Language (TOEFL):   Indicate the date on which you took or will take the official Test of English as a Foreign Language (TOEFL):  / **NOTE: All U.S. Universities require a TOEFL score taken within 2 years or less.**  Indicate the TOEFL score earned:  In addition, if you have recently taken or are planning to take one of the following English language proficiency tests, please indicate the test date and the score (with TOEFL conversion):  Institutional TOEFL (ITP): date: / / score:  Please note: The institutional TOEFL or ITP is only acceptable for initial screening. You must still provide an official  TOEFL score report.   1. International English Language Testing System (IELTS):   Indicate the date on which you took or will take the official IELTS exam:  / **NOTE: U.S. Universities recognize the IELTS scores.**  Indicate the IELTS score earned: \_\_\_\_\_\_\_\_\_\_ | | | | |
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