**Bio-Sheet A**

**1. NAME OF APPLICANT (EXACTLY AS ON YOUR PASSPORT/TRAVEL DOCUMENTS) :**

**a. Family name** -

**b. First name** -

**c. Middle name** -

**d. Prefix (Mr./Ms./Mrs./Dr.)** -

**2. PERMANENT ADDRESS OF APPLICANT:**

**a. Street and Apt. no.:** -

**b. City, Postal Code, Country:** -

**c. Home Telephone number: (include country & city codes)**-

**d. Work Telephone number: (include country & city codes)** -

**e. Fax:** **(include country & city codes)** -

**f. E-mail address:** **(if none, write “none”)** -

**3. POSTAL ADDRESS OF APPLICANT:** (if same as above, write ‘same’)

**a. Street #, Apt. #:** -

**b. City, Postal Code, Country:** -

**4. SEX: (male/female)** -

(Questions 5-8 should be entered exactly as on your passport/travel documents)

5. PLACE OF BIRTH:(city or town and country) -

**6.** **DATE OF BIRTH: (DAY/MONTH/YEAR):** -

7. COUNTRY OF PRESENT CITIZENSHIP: -

8. COUNTRY OF PRESENT RESIDENCE: -

9. INDICATE YEAR & COUNTRY OF ANY PREVIOUS FULBRIGHT GRANTS

(Include year[s]. If none, write “none”) -

**10.** **EDUCATION:** List **all post-secondary** educational institutions attended, beginning with the most recent, including any in which you are currently enrolled. Copies of diplomas, academic transcripts, certificates, and English translations should be attached. (To add more information, copy table onto an additional sheet.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of institution, university or professional school, and location | Major field(s) of study | Dates attended (month and year) | | Actual name of diploma or degree (do not translate) | Date received or expected |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**11.** Name your **most significant** publications/honors/awards/projects/other accomplishments:

**12. Field of Study -**

**13.** GIVE A **50-WORD** SUMMARY OF YOUR PROPOSED **PROGRAM PLAN** (more complete plan to be outlined on page 3; be sure this summary captures the essence of your program plan).

**Bio-Sheet B**

14. CURRENT OCCUPATION: (Name and address of employer; job title; dates of employment)

a. Your job title -

b. Dates of Employment (month & year) -

c. Name and address of your place of employment -

**15.** Describe your current job responsibilities:

**16.** Previous positions held (begin with most recent): (To add more information, copy table onto an additional sheet.)

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of place of employment | Job Title | Dates of Employment From (in years) To | |
|  |  |  |  |
|  |  |  |  |

**17.** On a scale from 1-5, please select your computer proficiency level in the following areas: 1=need help, 2=basic, 3=good

Email Spreadsheets

Typing Presentation software

Web searching Sharing photos

Online database research Online travel reservations

Word processing Social media

**18.** Please indicate countries outside your own, including the United States, in which you have lived, travelled, or studied. Please list dates (months/years) and reasons for each visit. Please attach an additional sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Country visited | Reason for visit (e.g. study, work, tourism, conference) | Dates of Visit From (mo./yr.) To (mo./yr.) | |
|  |  |  |  |
|  |  |  |  |

**19.** Persons to be notified in case of emergency:

In your **home country**: Name, address: -

Telephone number and relationship: -

In the **United States**: Name, address: -

Telephone number and relationship: -

I certify that all information given in this application is complete and accurate to the best of my knowledge. I acknowledge that I have completely read and understood the *Information and Application Instructions* and I agree to comply with all regulations described there. 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/aboutfulbright/jwilliamfulbright-foreignscholarshipboardffsb/ffsbpolicies> ) which supercede all other documents relating to my application for a Humphrey Fellowship. 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.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You must sign here in INK)

**Program Plan**

|  |  |
| --- | --- |
| 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. Please limit your response to 200-250 words.

**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. Please limit your response to 200-250 words.

**22.** Describe how the knowledge and skills you will gain will help you address your country's development needs. Please limit your response to 200-250 words.

**Personal Statements A**

**23.** Please describe how you have demonstrated a strong commitment to public service. (i.e. community, civic involvement or professional responsibilities, etc.) Please limit your response to 200-250 words.

**24.** Please state your professional goals for the next five years. How will the Humphrey Program help you reach these goals? Please limit your response to 200-250 words.

**Personal Statements B**

**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. Your personal statement should be between 450-500 words.

**Substance Abuse Field of Study**

**Note: This page should be filled out only by those applicants whose proposed field of study is Substance Abuse**

Please contact the U.S. Embassy or the Binational Educational Commission in your country before completing the following: (Your comments should be continued on a separate sheet if more space is needed.)

1.Briefly describe what you know about current drug abuse problems in your country.

-

2. Briefly describe recent drug abuse research project(s) in which you have been engaged, the extent of your role in these

project(s), and list any publications in connection with research work that you have done.

-

3. Briefly describe an area of drug abuse research that you would like to pursue based on the needs in your country.

-

# Personal Information

**I.** **PERSONAL FINANCIAL INFORMATION** *(Indicate all funds in your local currency.)*

**1.** Your annual salary -

Income per year from other sources -

**2.** Will your salary be continued during your stay in the U.S.? **** Yes** ** No

(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: (married/single/widowed/divorced) -

**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

**3.** Will any dependents accompany you to the U.S.? **** Yes** ** No (if yes, give name(s) as shown on passport(s), gender, relationship(s), date(s) of birth, city/country of birth and citizenship for each dependent. Please also state how you intend to provide for them during your year of study in the U.S.)

Dependent Name Relationship Date of Birth

**III.** **ENGLISH LANGUAGE PROGRAM**

**1.** If required, will you be able to arrive for English language training as early as April?

**** Yes** ** No

**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? **** Yes** ** No

**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 Educational Commission or U.S.

### Embassy in your home country.

### 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 Educational Commission or U.S. Embassy, who transmit it to IIE.**

**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 (in INK): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**English Language**

**THIS SECTION TO BE COMPLETED BY APPLICANT**

APPLICANT'S NAME: -

COUNTRY OF RESIDENCE: -

### A. HISTORY OF APPLICANT'S FORMAL STUDY OF ENGLISH

Applicant’s Native (Home) Language: -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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

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 ALIGU and Michigan Tests are not acceptable as pre-screening tools. The ITOEFL is the only acceptable test for initial screening; you still must provide an official TOEFL score report.**

**Applicant Checklist**

PLEASE SAVE THIS FORM AND REFER TO IT   
IN SUBMITTING YOUR APPLICATION!

APPLICANT CHECKLIST

FOR SUBMISSION OF APPLICATION

**** Completed Application

* Official transcripts and diplomas with

translations if necessary

**** 1st Letter of Reference

**** 2nd Letter of Reference

**** Drub Abuse form if applicable

* Contact U.S. Embassy/Binational Commission

to register for TOEFL exam

Date of exam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_