



FOREIGN FULBRIGHT GRANT APPLICATION COVER SHEET

NAME: _____
Family First Middle Previous Name

PERMANENT ADDRESS: _____

COUNTRY OF CURRENT CITIZENSHIP: _____

COUNTRY OF BIRTH: _____ DATE OF BIRTH: _____ MALE FEMALE

MOST RECENT POSITION/STATUS: _____ *Since* _____

MOST RECENT AFFILIATION: _____ *Until* _____

ACADEMIC DEGREES

Degree Major Date Received Institution

FELLOWSHIPS AND HONORS

PUBLICATIONS AND RESEARCH

DEGREE OBJECTIVE: Bachelor's Master's Doctorate Non-degree Visiting Student Researcher

PROPOSED FIELD OF STUDY AND DESCRIPTION OF STUDY OBJECTIVES

FUTURE PLANS (Upon return to home country)



FULBRIGHT STUDENT PROGRAM

APPLICATION FOR STUDY IN THE UNITED STATES

GENERAL INFORMATION

1. NAME: *(As it appears or will appear on your passport.)*

Mr. Family First Middle
 Ms.

2. NAME ON PREVIOUS ACADEMIC RECORDS: *(If different from above.)*

Do not complete shaded area. For Fulbright Program use only.

3. CURRENT MAILING ADDRESS: **Institute of International Education**
C/O
809 United Nations Plaza
New York, NY 10017-3580
Tel: 212 984- _____
Fax: 212 984-5395
E-mail: _____@iie.org

Valid Until _____

4. PERMANENT MAILING ADDRESS:

Street _____

City _____

State/Province _____ Postal Code _____

Country _____

5. DATE OF BIRTH: *(Month/Day/Year)* _____

6. GENDER: Male Female

7. BIRTHPLACE: *(City, State/Province, Country)* _____

10. DO YOU NOW HAVE, OR HAVE YOU EVER HELD:

8. COUNTRY OF CITIZENSHIP: _____

U.S. CITIZENSHIP? Yes No
 U.S. DUAL CITIZENSHIP? Yes No
 U.S. PERMANENT RESIDENCY? Yes No

9. COUNTRY OF RESIDENCE: _____

STUDY PLANS

11. DEGREE OBJECTIVE:

Bachelor's Master's Doctorate Non-Degree Visiting Student Researcher

12. WHAT IS YOUR PROPOSED MAJOR FIELD OF STUDY? BRIEFLY DESCRIBE THE SPECIFIC AREA OF THE FIELD IN WHICH YOU PLAN TO SPECIALIZE.

13. FUTURE PLANS: *(Describe the career you plan to pursue after completion of study or research in the U.S., e.g. teaching, government, business, industry or any plans you might have for continued study or research in your home country. Also indicate if you will be returning to former employment, or if you have been promised a position in your home country after completing your U.S. training.)*



EDUCATION

14. LIST EDUCATIONAL INSTITUTIONS ATTENDED IN REVERSE CHRONOLOGICAL ORDER, INCLUDING ANY IN WHICH YOU MAY BE PRESENTLY ENROLLED.

INSTITUTION AND LOCATION <i>(List in reverse order. Write name in full. Do not abbreviate)</i>	MAJOR FIELD OF STUDY	DATES (Month/Year)		ACTUAL NAME OF DEGREE OR DIPLOMA <i>(Do not translate)</i>	DATE RECEIVED OR EXPECTED
		From	To		

15. LIST SCHOLARSHIPS OR FELLOWSHIPS HELD AT PRESENT OR IN THE PAST. *(Give source or sponsor, amount, where held, and duration.)*
NOTE: Please limit your response to the size of this text box.

16. INDICATE ANY ACADEMIC HONORS OR PRIZES WHICH YOU HAVE RECEIVED, WITH TITLES AND DATES.
NOTE: Please limit your response to the size of this text box.

17. LIST ANY BOOKS, ARTICLES OR THESES PUBLISHED BY YOU, ESPECIALLY IN YOUR PROPOSED FIELD OF STUDY. *(Give title, place and date of publication.)* **NOTE: Please limit your response to the size of this text box.**

18. LIST PROFESSIONAL SOCIETIES, FRATERNITIES OR OTHER ORGANIZATIONS IN WHICH YOU NOW HOLD MEMBERSHIP OR IN WHICH YOU HAVE BEEN ACTIVE IN THE PAST. *(Indicate if you have held an elective office.)* **NOTE: Please limit your response to the size of this text box.**

19. TEACHING EXPERIENCE: *(Include any teaching positions you have held or currently hold.)*
NOTE: Please limit your response to the size of this text box.

20. RESEARCH: *(Include any research you have completed or in which you are currently involved.)*
NOTE: Please limit your response to the size of this text box.



OCCUPATIONAL EXPERIENCE

21. IDENTIFY YOUR CURRENT POSITION OR OCCUPATION. (Write the position title which best describes the activity in which you are currently involved.)

22. OCCUPATIONAL EXPERIENCE: (List positions held, beginning with the most recent employment, if any.)

NAME AND ADDRESS OF EMPLOYER	TITLE/TYPE OF WORK	DATES (Month/Year)	
		From	To

23. LANGUAGE SKILLS: (Rate yourself Excellent, Good, Fair, or Poor. Include all languages in which you have some competence.)

Mother Tongue _____

LANGUAGE	READING	WRITING	SPEAKING
English			

24. HOW MANY YEARS HAVE YOU STUDIED ENGLISH? _____

EXAMINATION RESULTS

25. EXAMINATION DATES AND TEST SCORES: (Date if taken or future date for taking exams (Month/Year))

Date	Score	Percentile	Date	Verbal Score	%	Quantitative Score	%	Analytical Score	%
TOEFL _____	_____	_____	GRE General Exam _____	_____	_____	_____	_____	_____	_____
TSE _____	_____	_____							
TWE _____	_____	_____							
GMAT _____	_____	_____							
Other _____	_____	_____							
Other test name _____									

26. IF YOU HAVE TRAVELLED, LIVED, OR STUDIED IN ANY COUNTRY OTHER THAN YOUR OWN FOR MORE THAN A MONTH, INDICATE PLACES, DATES AND REASONS. (Education, research, business, vacation, etc.)

27. EMERGENCY CONTACT: NAME, ADDRESS AND TELEPHONE NUMBER OF INDIVIDUALS TO BE NOTIFIED IN CASE OF AN EMERGENCY

IN YOUR HOME COUNTRY	IN THE UNITED STATES



NAME:

COUNTRY:

28.

STUDY/RESEARCH OBJECTIVES

Write a clear and detailed description of your study objectives, and give your reasons for wanting to pursue them. Be specific about your major field and your specialized interests within this field. Describe the kind of program you expect to undertake, and explain how your study plan fits in with your previous training and your future objectives. This statement is an essential part of your application. **Do not mention specific U.S. universities at which you would like to study.**

NOTE: Please limit your response to the size of this text box.



NAME:

COUNTRY:

29.

PERSONAL STATEMENT

This personal statement should be a narrative statement describing how you have achieved your current goals. It should not be a mere listing of facts. It should include information about your education, practical experience, special interests, and career plans. Describe any significant factors that have influenced your educational or professional development. Comment on the number of years of practical experience already completed in the field in which academic work will be done in the U.S. **Do not mention specific U.S. universities at which you would like to study.**

NOTE: Please limit your response to the size of this text box.



NAME:

COUNTRY:

30.

ADDITIONAL INFORMATION

Please refer to the instructions from your Fulbright Program Office. It is possible that the Fulbright Program Office in your home country will have specific information that it would like you to include on this page. If the Program Office does not have specific requirements, then in this section you may want to attach a **professional resume** (usually required for professional degrees such as law and MBA's) or a complete **curriculum vitae** (sometimes required for students pursuing theoretical academic fields).



NAME: _____ COUNTRY: _____

PERSONAL INFORMATION

31. CURRENT MAILING ADDRESS:

Street: _____ Apartment Number: _____
 City: _____ State/Province: _____
 Postal Code: _____ Country: _____
 Home Telephone: _____ Work Telephone: _____
 Email: _____ Fax Number: _____

32. PERSONAL IDENTIFICATION #:(if applicable) _____ 33. MARITAL STATUS: _____ 34. NUMBER OF DEPENDENTS:(spouse and children) _____

35. PLEASE DESCRIBE ANY PHYSICAL IMPAIRMENT YOU MAY HAVE. *(This information is gathered for statistical purposes and to ensure appropriate placement. The Fulbright Program does not discriminate on the basis of race, color, religion, sex, national origin, and/or physical impairment.)*

36. OTHER SCHOLARSHIPS: Indicate if you are planning to apply for a fellowship, scholarship, assistantship or other educational grant or loan from another organization, government or educational institution. *(This information will not prejudice your application.)*

37. REFERENCES: List the names of persons from whom you have requested letters of reference.

Name	Position	Address
1.		
2.		
3.		

38. PROPOSED LENGTH OF STAY IN THE U.S.: _____ 39. APPROXIMATE ARRIVAL DATE: _____
 (Month/Year)

40. HOW DID YOU LEARN OF THIS YEAR'S FULBRIGHT COMPETITION? *(Please indicate all that apply.)*

Friend or relative	University <i>(specify)</i>	Fulbright website
Previous Fulbrighter	Newspaper <i>(specify)</i>	Internet link <i>(specify)</i>
Poster/Flyer	Other Publication <i>(specify)</i>	Other <i>(specify)</i>



NAME:

COUNTRY:

PERSONAL FINANCIAL INFORMATION

Because some scholarships provide for only part of the cost of an academic year in the United States, it is necessary to know what portion of the total expenses you and your family can pay from personal funds.

INDICATE ALL FUNDS IN U.S. CURRENCY

41. FUNDS AVAILABLE FOR YOUR FIRST YEAR OF STUDY IN THE UNITED STATES (U.S. Dollars)

(a) Family Funds

1. Father's occupation: _____ Mother's occupation: _____ Spouse's occupation _____

2. What is the total amount your family can provide for your FIRST YEAR of study in the U.S.? \$ _____

(b) Your Own Funds

What is the total amount you can provide from your own funds for your FIRST YEAR of study in the U.S.? \$ _____

(c) Other Funds

Have you been awarded or do you expect to receive financial assistance from a university or institution in your home country in the U.S. or from any other sources? Yes No
If so, identify the source and indicate the estimated amount?

Table with 2 columns: Source, Estimated Amount. Includes rows for source identification and a subtotal for C.

GRAND TOTAL of A, B, and C \$ _____

42. FUNDS AVAILABLE AFTER YOUR FIRST YEAR OF STUDY IN THE UNITED STATES

(a) If you remain for more than a year would the same amount of money as indicated in GRAND TOTAL above be available for your SECOND YEAR of study in the U.S.? Yes No

(b) If No please specify the amount that will be available to you the SECOND YEAR:
1. Family Funds: \$ _____
2. Your Own Funds: \$ _____
3. Other Funds: \$ _____
TOTAL of 1, 2 and 3 \$ _____

43. TRAVEL FUNDS (Do not include funds specified in Sections 41 and 42 above)

(a) Can you pay for your round-trip travel to the U.S. if necessary? Yes No

(b) Specify the amount you have available for round-trip travel: \$ _____

44. DEPENDENTS

The Foreign Fulbright Student Program does not provide for dependents. THE FULBRIGHT PROGRAM CANNOT BE RESPONSIBLE IN ANY WAY FOR DEPENDENTS ACCOMPANYING YOU TO THE U.S. Should dependents accompany you, you will be responsible for providing travel, adequate insurance, and support for them.

(a) List the relationships and ages of any persons who will require financial assistance from you during your stay in the U.S.:

(b) Will these dependents accompany you to the U.S.? Yes No
If Yes, state how you intend to provide for them during your year of study in the U.S.:



NAME:

COUNTRY:

UNIVERSITY PREFERENCES

It is not a requirement nor is it expected for you to identify U.S. institutions at which you would like to study. However, if you do have preferences, please list in priority order three schools of your choice. Indicate specific departments and/or programs. Give specific reasons for each choice. If you have been in contact with professors, please provide names, email, and/or phone contacts for each one. Your preferences will be taken into consideration insofar as possible.

45. MOST HIGHLY PREFERRED INSTITUTIONS

University	Department	Degree	Specialization/Concentration	Specific Reasons and Contacts
1.				
2.				
3.				

46. OTHER INSTITUTIONS IN WHICH YOU MAY BE INTERESTED

Please list any other U.S. institutions and departments in which you also may be interested. Feel free to share other information that you think might be helpful, e.g. preference for a geographic location, climate, etc.

47. INSTITUTIONS TO WHICH YOU HAVE APPLIED

It is not expected that you will have applied for admission to U.S. institutions; however, if you have already submitted an application directly to any universities in the U.S. over the past three years, list the names of these institutions and indicate the response you have received, if any.

Please attach letters of admission, letters of invitation, and deferral requests to your application.

University/Department	Date of Application	Response to Application

STUDENT INFORMATION CARD

NAME <input type="checkbox"/> MR. <input type="checkbox"/> MS. _____ (FAMILY NAME) _____ (FIRST) _____ (MIDDLE)	DATE OF BIRTH	MARITAL STATUS	GENDER	COUNTRY OF CITIZENSHIP	
	MONTH DAY YEAR				
CURRENT ADDRESS	PRESENT POSITION OR AFFILIATION				
(STREET)					
(CITY) (PROVINCE/STATE) (COUNTRY)					
(Telephone) (Fax) (E-mail)	INSTITUTIONS ATTENDED		DATES ATTENDED	DEGREE, DIPLOMA, ETC.	DATE RECEIVED OR EXPECTED

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE.

STUDENT ID	PRIORITY#	PROGRAM #/DESIGNATION	TAX CODE	PERSONAL FUNDS
FIELD	DEGREE	PROG. ADMIN.	PLACEMENT ADMIN.	
SPECIALIZATION				

SUBMISSIONS

SEND BY	CODE	INSTITUTION	DEPARTMENT/DIVISION	MAJOR DEGREE	SENT	RESULT

PLACEMENT INSTITUTION

INSTITUTIONS REQUESTED UNIVERSITY	DEPARTMENT	UNIVERSITY	DEPARTMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTES

MISSING DOCUMENTS:

TOEFL ____ / ____	GRE ____ / ____
TSE ____ / ____ TWE	GMAT ____ / ____
OTHER ____ / ____	OTHER ____ / ____

EVALUATION & COMMENTS

ENGLISH TRNG:
ASSIGNMENT:

DATE AVAILABLE:
REP DATE:



NAME:

COUNTRY:

SIGNATURE FORM

Instructions: You must sign and date this form and forward it to the Fulbright Program Office in your home country.

By my signature,

I authorize the Fulbright Program Office or its administrative agency:

- 1) to receive, and/or to request my TOEFL, TSE, TWE, GRE, SAT, Achievement Test scores or any other test score reports;
- 2) to send any of the above score reports to U.S. institutions on my behalf;
- 3) to apply on my behalf to U.S. institutions;
- 4) to request and receive information on the status of my application, including financial aid, from U.S. institutions; and,
- 5) to accept and decline offers of admission and financial aid on my behalf.

AND

I certify that the information given in this application is complete and accurate to the best of my knowledge.

I understand that I am not entitled to hold, nor do I hold, U.S. citizenship or permanent residence.

I understand that formal award of a grant is dependent upon my acceptance to a U.S. institution for study and my eligibility for a visa to the United States.

Upon the completion of an authorized stay in the United States under the Fulbright Student Program, I agree to return to my home country for two (2) years to fulfill my home residency requirement.

Signature

Date (Month/Day/Year)



NAME OF APPLICANT: _____

COUNTRY: _____

INFORMATION CONCERNING FOREIGN STUDENT ACADEMIC RECORDS

To assist U.S. academic institutions in evaluating more accurately each candidate's academic credentials, please provide the following information. A separate form should be completed for each university attended.

UNIVERSITY: _____

COUNTRY: _____ FIELD OF STUDY: _____

1. What marking scale is used in the above university? _____

2. a) What is the lowest passing/satisfactory mark given in this university? _____
b) What is the highest mark that can be given? _____
c) What is the highest mark that is usually given? _____

3. What is the candidate's rank _____ out of graduating class of _____?
If rank is not available, in what percentile of the graduating class was the candidate? _____%

4. What is the first degree this university offers in this field of study? _____

5. How many years of university study are usually required to earn this degree? _____

6. Please provide the following information about the degree this student has pursued:
a) Minimum number of courses and/or hours/credits required for completion: _____
b) If the student has failed or has had to repeat a course, is this indicated on the academic record? YES NO
c) Are transcripts available for degrees at this level? YES NO
d) Do academic records issued by this university list all courses or lectures the student attended? YES NO

7. If thesis is required, when did the student begin preparation? _____
Is defense required? _____ Did student pass? _____ Grade: _____



NAME OF APPLICANT: _____

COUNTRY: _____

REPORT ON PROFICIENCY IN ENGLISH

THIS FORM SHOULD BE COMPLETED BY ONE OF THE FOLLOWING:

- A director of courses in English at a binational center
- A professor of English whose native language is English
- An official of the U.S. Embassy or Fulbright Commission

PURPOSE OF REPORT: The person named is applying for a grant to study at a college, university or other institution of higher learning in the United States. Consideration must be given to each applicant's English proficiency. This report form seeks a reliable evaluation of the applicant's present command of English, including comments as to additional language training which appears necessary.

Please indicate briefly how the evaluation was conducted. Mention which test was used and, **most importantly**, the scores achieved.

METHOD: _____ **TEST:** _____

1. ABILITY: Is the applicant's mother tongue English? Yes No

Mark with an **X** the appropriate boxes to indicate your opinion of the applicant's present ability in English from the standpoint of the language proficiency usually needed for effective pursuit of studies at a college or university in the United States.

- | | |
|---|--|
| <p>(a) <u>Speaks English</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fluently and colloquially <input type="checkbox"/> With ease but with occasional errors <input type="checkbox"/> Haltingly with frequent errors <input type="checkbox"/> No ability <p>(b) <u>Understands Spoken English</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> With good comprehension <input type="checkbox"/> With some hesitation <input type="checkbox"/> Simple vocabulary only <input type="checkbox"/> Not at all | <p>(c) <u>Understands Written English</u> (Text Used: _____)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Comprehends advanced level material <input type="checkbox"/> Comprehends intermediate level material <input type="checkbox"/> Comprehends elementary level material <input type="checkbox"/> No ability <p>(d) <u>Expresses Thoughts in Written English</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> With fluency and facility <input type="checkbox"/> With ease but ungrammatically <input type="checkbox"/> On an elementary level only <input type="checkbox"/> No ability |
|---|--|

2. ADDITIONAL TRAINING

- (a) In your opinion, how much additional English training does this student require to undertake full time academic study in U.S. institutions of higher learning?
- None Number of Weeks _____ Number of Months _____
- (b) What English language study is the candidate planning to take before coming to the U.S.?

3. COMMENTS

EVALUATION AND REPORT PREPARED BY:

NAME (print): _____ ADDRESS: _____

TITLE: _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN DIRECTLY TO THE FULBRIGHT PROGRAM OFFICE IN THE APPLICANT'S COUNTRY.



FULBRIGHT STUDENT PROGRAM
APPLICATION FOR STUDY IN THE UNITED STATES

CONFIDENTIAL LETTER OF REFERENCE

This letter of reference must be written by a teacher under whom the applicant has studied or pursued research in the proposed field of study or by someone who has supervised the applicant in work related to the proposed field of study. This letter must be in English. If not in English, then an accurate translation must be forwarded to the Fulbright Program Office in the student's home country.

NAME OF APPLICANT: _____	COUNTRY: _____
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NAME OF REFEREE: _____

TITLE _____

INSTITUTION OR BUSINESS _____

CITY AND COUNTRY _____

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

2. IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____
 Teacher or Professor Employer or Job Supervisor Research Adviser Other (Please specify) _____

3. PLEASE PROVIDE A CANDID EVALUATION OF THE APPLICANT'S PAST PERFORMANCE AND ABILITY TO PURSUE AND SUCCESSFULLY COMPLETE A PROGRAM OF STUDY IN THE PROPOSED FIELD. Your statement will be given considerable importance in reviewing this student's application and should, therefore, be as complete and detailed as possible.



NAME OF APPLICANT: _____

COUNTRY: _____

CONFIDENTIAL LETTER OF REFERENCE (Continued)

4. IN THIS RATING CHART, PLEASE EVALUATE THE APPLICANT IN COMPARISON WITH OTHER STUDENTS WHOM YOU HAVE KNOWN DURING YOUR PROFESSIONAL CAREER.

	Excellent	Very Good	Average	Below Average	Not Applicable
Intellectual Ability					
Knowledge of Field					
Work Habits					
Motivation to Pursue Graduate Study					
Seriousness of Purpose					
Potential For Significant Future Contribution in Field					
Resourcefulness and Initiative					
Emotional Maturity					
Adaptability to New Situations					
Leadership Qualities					
Teaching Potential					

NAME (print): _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN DIRECTLY TO THE FULBRIGHT PROGRAM OFFICE IN THE APPLICANT'S COUNTRY.

NOTE: The Fulbright Program cannot guarantee this letter's confidentiality once it becomes part of a university's records.



FULBRIGHT STUDENT PROGRAM

TRANSCRIPT RELEASE FORM *For transcripts from U.S. institutions*

I hereby authorize _____ to
(Name of U.S. Institution)

release five (5) official copies of my transcripts to:

As these transcripts will be sent to U.S. graduate schools as part of my application, please issue each in a separate sealed envelope.

Name (printed) _____

Signature _____ Date _____

University ID No. _____

Enrollment Period From _____ To _____

Month/Year of Graduation _____

Date Degree Granted _____