



**STUDY OF THE UNITED STATES INSTITUTES
SECONDARY EDUCATORS AND ADMINISTRATORS
APPLICATION FORM 2019**

A. Title of Institute: _____

B. Applicant's Full Name, Exactly as it appears on Applicant's Passport:

Prefix: _____

Last Name: _____

First Name: _____

Middle Name: _____

C. Gender

Male:

Female:

D. Date of Birth (Type Month, Day, and Year): _____

E. City of Birth _____

F. Country of Birth: _____

G. Citizenship

Primary: _____

Secondary (if applicable): _____

H. Residency: _____

I. Medical, Physical, Dietary or other Personal Considerations, Disability:

Please describe any pre-existing medical conditions, including any prescription medication the applicant may be taking, allergies, or other dietary or personal consideration:
(This will not affect applicant selection, but will enable the host institution to make any necessary accommodations).

J. Applicant Contact Information:

Address: _____

City: _____

Home State or Province: _____

Postal Code: _____

Home Country Name: _____

Email: _____

Phone: _____

Emergency Contact & Relationship (Example: John Doe, Husband):

Emergency Contact Phone: _____

Emergency Contact Email: _____

K. Current Position, Title, Institution:

Primary Position: _____

Public Secondary School Teacher: _____

Teacher Trainer: _____

Private Secondary School Teacher: _____

Textbook Writer: _____

National Curriculum/Exam Developer: _____

Other: _____

Title: _____

Organization Name: _____

Organization Country: _____

L. Work Experience, including previous positions and titles:

From: _____

To: _____

Title/Institution (Please specify if position is part-time):

M. Education, Academic and Professional Training: (Please list all earned degrees and any and all current teacher qualifications you have such as certificates, licensures beginning with the most recent. Degrees and teacher qualifications listed should reflect the closest United States equivalent).

Degree Earned: _____

Year Earned: _____

Specialization: _____

Institution: _____

Teacher Qualification Expiration Date: _____

Additional Professional Training: _____

N. Active Professional Memberships (Active Professional Memberships independent of current professional responsibilities. These should not include university committee work or other professional duties directly related to current employment):

Position: _____

Title: _____

Organization: _____

O. Publications Related to the Institute Theme (up to 10):

(Please list all foreign titles in English, including whether book, chapter, journal article, newspaper article, web article, etc.):

1. Publication Type: _____

Year: _____

2. Publication Type: _____
Year: _____
3. Publication Type: _____
Year: _____
4. Publication Type: _____
Year: _____
5. Publication Type: _____
Year: _____
6. Publication Type: _____
Year: _____
7. Publication Type: _____
Year: _____
8. Publication Type: _____
Year: _____
9. Publication Type: _____
Year: _____
10. Publication Type: _____
Year: _____

P. Previous Experience in the United States (Have you traveled to the U.S. before?):

Purpose: _____

From: _____ To: _____

Description: _____

Q. Family/Friends Residing in the United States:

Do you have close family residing in the U.S.?

Yes

No

If yes, please fill out the following section; if no, please write 'None'.

Note: Having close family residing in the U.S. will not affect Applicant's nomination.

*Please include city and state (Example: John Doe - Chicago, IL):

R. Evidence of English Fluency:

S. Professional Responsibilities:

Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. curriculum design), and/or other pertinent information:

Current Courses Taught: _____

Course Title: _____

Level of Students: _____

Classroom Hours per Semester: _____

Students: _____

U.S. Studies Content (%): _____

Current Extra-Curricular/Co-Curricular Activities Leadership: _____

Activity: _____

Position/Title: _____

From: _____ To: _____

Description of Duties: _____

Other Potential Outcomes:

(Please select any likely potential professional outcomes of this program):

Update Existing Course

Create New Course

- Create New Degree Program
- School Curriculum Redesign
- National Curriculum Redesign
- New Research Project
- New Publication
- Professional Promotion
- Government or Ministry Policy
- New Professional Organization
- New Institutional Linkages
- Raise Institutional Profile

T. Personal Essay (Limit 250 words):

Please discuss why you wish to participate in this program. Include your current personal teaching philosophy, how your participation in the institute will enhance your work, improve education about the United States in your community, and help you achieve the "Other Potential Outcomes" you have checked above:

U. Disclaimer

The information in this application is accurate and complete. The written work in the short essays is my own, and I have not been assisted by any other person, nor have I copied text from a website or other source. (NOTE: Your application may be rejected if plagiarism is detected.) I understand that falsifying information in this application could be grounds for disbarment from U.S. Government funded exchange programs.

Signature: _____