

APPLICATION FORMAT- [Suggested Format]
**(please give detailed answers on a separate sheet of paper or e-mail to
ilazig@state.gov**

- 1. FULL NAME (as it appears in the passport):**

- 2. DATE OF BIRTH (please spell out Month, Day, Year) :**

- 3. CITY OF BIRTH:**

- 4. COUNTRY OF BIRTH:**

- 5. COUNTRY OF RESIDENCE:**

- 6. COUNTRY OF CITIZENSHIP:**

- 7. HOME ADDRESS/TELEPHONE/E-MAIL:**

- 8. GENDER:**

- 9. MEDICAL, PHYSICAL, DIETARY OR OTHER PERSONAL CONSIDERATIONS:**

- 10. PRESENT POSITION AND TITLE (include years from to):**

- 11. CURRENT INSTITUTIONAL AFFILIATION AND COMPLETE ADDRESS:**

- 12. PREVIOUS POSITIONS, TITLES, INSTITUTIONS, YEARS:**

- 13. EDUCATION, ACADEMIC AND PROFESSIONAL TRAINING (year, degree, faculty, city including degree earned and fields of specialization):**

14. ACTIVE PROFESSIONAL MEMBERSHIPS:

15. SHORT LIST OF RELEVANT PUBLICATIONS (no more than 5 titles):

16. PREVIOUS TRAVEL IN THE U.S. (year, length, purpose):

**17. HAVE EVER BEEN BEEN CHARGED WITH OR CONVICTED OF ANY
OFFENSE OR CRIME?**

18. FAMILY Residing in the U.S.

19. EVIDENCE OF ENGLISH FLUENCY (e.g. test score etc)

20. PERSONAL STATEMENT. Please provide a short personal statement (one page) indicating why you are interested in participating in this program and what you expect to get out of this experience.