

NOMINATION FORMAT

(Please give detailed answers on a separate sheet of paper or [e-mail to: ilazig@state.gov](mailto: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. FAMILY Residing in the U.S.**
- 18. EVIDENCE OF ENGLISH FLUENCY (e.g. test score etc)**
- 19. 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.**