

# Benjamin Franklin Transatlantic Fellows Summer Institute 2012

## Application Form

First Name:	
Middle Name (If on Passport):	
Last Name:	
Date of Birth (month/day/year):	
City of Birth:	
Country of Birth:	
Country of Residence:	
Country of Citizenship:	
Gender:	
Position: Choose among the following: Secondary School Student, University Undergraduate Student, Special School, Institute, or Vocational Student. Or Specify Your Own Value:	
Home Address:	
Telephone Number/Mobile Number:	
E-mail Address:	
Medical, Dietary or Personal Considerations:	
Name of Current School:	
Field of Study (if applicable):	

Additional Relevant Experience or Training (maximum 1 paragraph):	
Previous Study or Travel in the United States:	
Evidence of Competence in Written and Oral English: Type of English Language Test and Score Result (if applicable):	

NOTE: If you cannot fill in a certain field, please print or type "N/A".

NOTE: PLEASE SUBMIT THIS APPLICATION FORM NO LATER THAN **MARCH 1<sup>ST</sup>**.

Please submit the Form via e-mail to:

Krum Kaishev  
 Cultural Affairs Assistant  
 Public Affairs Section  
 U.S. Embassy  
 Sofia 1408, Bulgaria  
 16, Kozyak Street  
 Tel.: (+359 2) 937 5186  
 Cell: (+359) 878 585 665  
 E-mail: [KaishevKV@state.gov](mailto:KaishevKV@state.gov)