

Benjamin Franklin Transatlantic Fellows Summer Institute 2012

Application Form

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| 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): | |

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| Additional Relevant Experience or Training (maximum 1 paragraph): | |
| Active Memberships, Special Interests, Extracurricular Activities (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): | |
| Future Study of Career Plans. How will you use the experience you gain from this Institute? (maximum 1 page): | |

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 1ST**.

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