



Fulbright Scholar Program Visiting Scholar Application Form

- 1. Home Country/Country Applying from:
2. Program: Fulbright Visiting Scholar Program
3. Special award name:
for Fulbright Visiting Scholar Program for Iraq applicants only : Cohort Discipline: n/a
4. Category of grant: US-ASEAN Fulbright Initiative
5. Title: 6. Gender:
7. Family Name/Surname: First: Middle:
8. Country of citizenship:
9. Country of legal residence:
10. Do you have or are you applying for U.S. permanent residency (i.e. green card)? No
11. Date of birth: Place of birth:
12. U.S. Social Security Number:
13. Current position: Start Date:
Other:
Department Name:
Institution Name:
[ ] Click here if independent scholar/unaffiliated (please enter your residence address)
Address:
Email:
Phone: Fax:

14. Academic credentials (degrees-list three highest degrees):

Table with 4 columns: Name of Institution, City and Country, Discipline, Degree, Date Received. Rows for Institution One, Two, and Three.

15. Most significant professional accomplishments, honors and awards and up to three significant publications:

16. Previous Fulbright grants: [ ] Yes [ ] No (If yes, list most recent first)

17. Project title: Not applicable for Fulbright Visiting Scholar Program for Iraq applicants.

18. Brief summary of project statement: Not applicable for Fulbright Visiting Scholar Program for Iraq applicants.

\_\_\_\_\_  
Name (Last First, Middle)

PROGRAM/PROFESSIONAL INFORMATION

19. Number of months required for project: *(Not applicable for Fulbright Visiting Scholar Program for Iraq applicants.)*

\_\_\_\_\_ months

a. Begin your project: \_\_\_\_\_

b. End your project: \_\_\_\_\_

20. Major academic discipline \_\_\_\_\_

21. Specialization(s) (list sub-fields within the academic discipline):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. A. State Department Field of Study \_\_\_\_\_

B. Primary Specialization \_\_\_\_\_

23. Professional travel and/or residence abroad during the last five years.

Country	Purpose of Activity	How Long

J Category of Sponsorship \_\_\_\_\_

24. Professional Memberships (cultural, educational and professional organizations)

Organization	Your Role	How Long

25. References

**Referee One** Family name: \_\_\_\_\_ First: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

city country  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Referee Two** Family name: \_\_\_\_\_ First: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

city country  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Referee Three** Family name: \_\_\_\_\_ First: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

city country  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

26. Self-assessment of English proficiency:

Reading: \_\_\_\_\_ Writing: \_\_\_\_\_ Speaking: \_\_\_\_\_

Is English your native language? \_\_\_\_\_



Name (Last First, Middle)

28. Home Mailing Address

Address: \_\_\_\_\_  
*street* \_\_\_\_\_ *city*  
\_\_\_\_\_  
*province/state* \_\_\_\_\_ *country* \_\_\_\_\_ *postal code*  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

29. Emergency Contact Information

Family name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Address: \_\_\_\_\_  
*street* \_\_\_\_\_ *city*  
\_\_\_\_\_  
*province/state* \_\_\_\_\_ *country* \_\_\_\_\_ *postal code*  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

30. Marital Status: \_\_\_\_\_

31. Names of dependents: (Not applicable for Fulbright Visiting Scholar Program for Iraq applicants.)

Dependent One: Relationship to you \_\_\_\_\_ Length of stay in the US: \_\_\_\_\_ Gender: \_\_\_\_\_  
Family name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ 10. Place of birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_  
*city* \_\_\_\_\_ *country*

Dependent Two: Relationship to you \_\_\_\_\_ Length of stay in the US: \_\_\_\_\_ Gender: \_\_\_\_\_  
Family name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ 10. Place of birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_  
*city* \_\_\_\_\_ *country*

Dependent Three: Relationship to you \_\_\_\_\_ Length of stay in the US: \_\_\_\_\_ Gender: \_\_\_\_\_  
Family name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ 10. Place of birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_  
*city* \_\_\_\_\_ *country*

Dependent Four: Relationship to you \_\_\_\_\_ Length of stay in the US: \_\_\_\_\_ Gender: \_\_\_\_\_  
Family name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ 10. Place of birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_  
*city* \_\_\_\_\_ *country*

Dependent Five: Relationship to you \_\_\_\_\_ Length of stay in the US: \_\_\_\_\_ Gender: \_\_\_\_\_  
Family name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ 10. Place of birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_  
*city* \_\_\_\_\_ *country*

Dependent Six: Relationship to you \_\_\_\_\_ Length of stay in the US: \_\_\_\_\_ Gender: \_\_\_\_\_  
Family name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ 10. Place of birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_  
*city* \_\_\_\_\_ *country*

32. Do you expect to receive sabbatical pay, paid leave of absence or other sources of financial support during your Fulbright grant?  Yes  No

If you answered Yes, please specify source(s) and amount in U.S. dollars. Please enter total amounts for the expected grant period, rather than monthly amounts.

Sources	Amount

33. How did you learn about the Fulbright Visiting Scholar Program?

- Friend or Relative
- Fulbright Alumnus
- Poster/Flyer
- University (specify) \_\_\_\_\_
- Newspaper (specify) \_\_\_\_\_
- Other Publication (specify)
- Fulbright Web site (specify)
- Other Web site (specify) \_\_\_\_\_
- Other (describe) \_\_\_\_\_

34. How long did you consider applying for a Fulbright Visiting Scholar award before submitting this application? \_\_\_\_\_

35. Beyond the reputation of the Fulbright program itself, what were the major factors in helping you decide to apply for a Fulbright Visiting Scholar award?

- Publicity about the program \_\_\_\_\_
- Advice of a colleague \_\_\_\_\_
- Advice of a former Fulbrighter \_\_\_\_\_
- Time was right in my career \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

36. Physical impairment (please describe, if any):

By my signature below, I certify that to the best of my knowledge, the information provided in all parts of my application is accurate and complete. I understand that final approval of my application is dependent upon my eligibility for a J Visa in the United States. I agree to return to my home country upon the expiration of my authorized stay in the United States.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_