



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: _____
city country
- 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: _____
street city
- _____ province/state country postal code
- Email: _____
- Phone: _____ Fax: _____

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

Name of Institution One:			
City and Country	Discipline	Degree	Date Received
Name of Institution Two:			
City and Country	Discipline	Degree	Date Received
Name of Institution Three:			
City and Country	Discipline	Degree	Date Received

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: _____