COCHRAN FELLOWSHIP PROGRAM
2014
APPLICATION FORM

(NOTE: PLEASE TYPE IF POSSIBLE)

********** APPLICATION AND ATTACHMENTS MUST BE IN ENGLISH *********

COMPLETED APPLICATION SHOULD INCLUDE:

- ❑ 2 Letters of Recommendation
- ❑ 2 Photographs
- ❑ Photocopies of All International Travel Documents (Passport)
- ❑ Signed Conditions of Training
- ❑ Medical Clearance Documentation

I. PERSONAL INFORMATION

Name:_____
FAMILY NAME, Given Name
(Please capitalize FAMILY NAME.
Name must correspond exactly
to passport or travel documents)

Date of Birth:_____
(Day / Month / Year) e.g., 03/March/1970

City of Birth:_____

Country of Birth:_____

Country of Citizenship:_____

Home Address:

_____
(# Street)

_____
(Town or City)

_____
(Country and Post Code)

MALE ☐ FEMALE ☐

_____
(Home Telephone)

_____
(Personal Mobile Telephone)

_____
(Personal Email Address)

II. CURRENT EMPLOYMENT:

_____
(Title or Position)

_____
(Organization/Company)

_____
(# Street)

_____
(Town or City)

_____
(Country and Post Code)

From: / / To: Present
(Dates of Employment)

_____
(Work Telephone)

_____
(Fax)

_____
(Work Mobile Telephone)

_____
(Work Email Address)

III. PROPOSED PROGRAM:

A) What technical subjects, topics, courses and/or fields do you want to study? (It is important to give a detailed description of the training you want. USDA will use this information to design your training program in the United States. Continue on back of page.)

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B) U.S. Contacts Already Established: Please list name, address, and telephone number of professionals in your field in the United States with whom you already have contact. (Continue on back of page, if necessary):

_____ Name	_____ Name	_____ Name
_____ Title	_____ Title	_____ Title
_____ Company	_____ Company	_____ Company
_____ Address	_____ Address	_____ Address
_____ Telephone	_____ Telephone	_____ Telephone

C) Indicate requested training date(s).

	FROM	TO
First Choice	__/__/__	__/__/__
Second Choice	__/__/__	__/__/__
DATES NOT AVAILABLE	__/__/__	__/__/__

**NOTE: Your first and second choice will be given primary consideration but cannot be guaranteed due to availability of U.S. contacts and trainers.

IV. EMPLOYMENT: (Start with current employment)

A) Dates of Employment

From: / / To: Present

_____ (Organization Name)

_____ (Supervisor's Name)

_____ (Number & Street)

_____ (Supervisor's Telephone)

Title of Position:

_____ (Town or City)

_____ (Organization Telephone)

_____

_____ (Country and Post Code)

Description of your place of employment and your duties and responsibilities:
(Continue on the back of the page if necessary.)

_____

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_____

B) Dates of Employment

From: / / To: / /

_____ (Organization Name)

_____ (Supervisor's Name)

_____ (Number & Street)

_____ (Supervisor's Telephone)

Title of Position:

_____ (Town or City)

_____ (Organization Telephone)

_____

_____ (Country and Post Code)

Description of your place of employment and your duties and responsibilities:
(Continue on the back of the page if necessary.)

_____

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_____

V. ACADEMIC EDUCATION AND TRAINING EXPERIENCE

A) Academic

Name of Institution	Field of Study	Dates Attended	Degree & Date Completed	Language of Instruction

B) Training: (List additional training in home country.)

Field of Study	Dates	Language/Place of Instruction

C) Additional Training in Other Countries:

Field of Study	Dates	Language of Instruction	Country

Awards, Honors, Scholarships Received, Publications, Professional Memberships:

_____

_____

_____

_____

VI. LANGUAGES

(Please indicate **ENGLISH** capabilities in first line, additional languages on remaining lines)

English	Conversation	Reading	Writing
Little to none			
Understands some but will need interpreter			
Adequate English skills			
Good English			
Fluent			
Other Languages			
Describe your skill level			

VII. TRAINING BENEFITS:

How will your employer use your training when you return from the United States?

_____

_____

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_____

VIII. NAME AND ADDRESS OF PERSON TO CONTACT IN CASE OF EMERGENCY:

_____
(Name)

Relationship: _____

_____
(# Street)

_____
(City or Town)

_____
(Country and Post Code)

_____
(Home Telephone)

_____
(Mobile Telephone)

_____
(Email Address)

VIV. ATTACHMENTS

Please include with your application the following attachments:

1.) 2 passport photographs

2.) 2 letters of recommendation

3.) Signed Conditions of Training

4.) **1 photocopy of International Passport**

X. SUPERVISOR'S RECOMMENDATION FOR APPLICANT'S TRAINING:

(Please have your supervisor complete the following questions. Provide an English translation if necessary.)

A) What do you want the applicant to learn while in the United States for training?

_____

_____

_____

_____

_____

_____

B) How will the applicant's training be used by the organization when he/she returns from the United States?

_____

_____

_____

_____

_____

_____

Thank you.

_____
Signature

_____
Title

_____
Date

COCHRAN FELLOWSHIP PROGRAM
CONDITIONS OF TRAINING

Name of Participant_____
(FAMILY NAME, Given name, Other names)

Country _____

If I am accepted to receive technical training under the U.S. Department of Agriculture (USDA) Cochran Fellowship Program, I agree to adhere to my arranged program, to devote my time and attention to my studies and/or practical training, and to conform to Cochran Program regulations and procedures for the duration of my training program. I will not seek extension of the period of my program but will return to my country without delay upon completion of my training acquired under this program. I also agree to conform to all laws of the United States.

Furthermore, I thoroughly understand the following policies of the Cochran Fellowship Program:

I. Dependents:

USDA strongly discourages family members from accompanying or joining a participant while he/she is in training. The Cochran Program is not responsible in any way for family members.

II. Attendance of Participants at Conferences and Meetings

Attendance of participants at national or international conferences, conventions or meetings of professional, trade, or other associations is not permitted unless such attendance is a part of the Cochran participant training program.

III. Conditions for Termination of Training Programs:

USDA reserves the right to terminate the training program of those participants who:

A. Change the course of study without authorization from the USDA/Cochran Fellowship Program.
B. Fail to show sufficient interest in or to pursue effectively their training program.
C. Have severe mental or physical health problems.
D. Conduct themselves in a manner prejudicial to the program or to the laws of the United States.
E. Marry during training without securing prior USDA approval.
F. Have in any way falsified information on the application and/or supporting documents.

IV. Travel:

If selected, the applicant, their institution, or other sponsor assumes financial responsibility for travel to and from Washington, D.C. or their specified arrival/departure site.

V. Financial Support:

The applicant is aware that the financial support provided by the USDA Cochran Program is for training fees, emergency medical insurance, lodging and food only. The daily maintenance allowance is adequate for modest lodging and food. USDA does not fund any expenses related to family members accompanying the participant.

VI. Health and Insurance:

It is a requirement before arrival in the United States that every participant has a physical examination and be determined to be in good health. Proof of medical fitness (a signed letter from a medical doctor within 12 months of the program start date) is required before you will be allowed to travel to the United States as a Cochran Fellow. The insurance provided to the participant while in the United States will cover only **EMERGENCY** medical care and **DOES NOT** cover pre-existing conditions, prescriptions, dental or optical work. In addition, the participant may be responsible for paying the first $50 in medical expenses for each occurrence. **I understand that USDA and its training providers are not responsible for any costs related to medical care while in the United States.**

VII. Debts and Obligations:

The participant will be responsible for all debts and financial obligations incurred while in the United States.

Signature below indicates agreement to and understanding of the above conditions.

_____ _____

Applicant's Signature Date