

Empower Access Program

Kazakhstan, Kyrgyzstan, Pakistan and Tajikistan

Spring 2013 Application

A program funded by



Bureau of Educational
and Cultural Affairs

Implemented by

 **AMERICANCOUNCILS**
FOR INTERNATIONAL EDUCATION ACTR ▲ ACCELS

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Application Check List:

Before mailing your application, please make sure that all of the following documentation is included:

- Completed application
- Passport Copy
- Domestic ID Copy
- 3 Candid Photos
- 1 Formal Photo
- A signed copy of Privacy Policy
- Your resume or CV in English
- Other Supplemental Materials

Failure to include required documentation significantly reduces the chances to be selected to participate in the program.

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I. About the Program

The Empower Access Program (EAP) is a regionally-focused, meaningful and innovative professional exchange program for individuals, organizations and offices working directly with people with disabilities. EAP is sponsored by the US Department of State, Bureau of Educational and Cultural Affairs. For Kazakhstan, Kyrgyzstan, Pakistan and Tajikistan, EAP is administered by American Councils for International Education: ACTR/ACCELS.

EAP affords up to 15 international fellows from Kazakhstan, Kyrgyzstan, Pakistan and Tajikistan the opportunity to travel to the U.S. to undertake a month-long intensive, tailored fellowship at U.S. host organizations that will allow participants to explore in-depth issues including: NGO management and capacity building, inclusive practices in the arts, adaptive technology, sports management, inclusive education, inclusive policies and legislation, wellness initiatives, and advocacy. In addition, EAP will enable up to 15 Americans to participate in a reciprocal visit to their Fellows' host countries to carry out substantive projects.

Main goals of the Empower Access Program are to:

- Support the ability of individuals and organizations to serve as leading disability advocates;
- Promote policies and programs benefiting people with disabilities;
- Promote a robust civil society by enabling individuals and organizations working with people with disabilities to share best practices and facilitate cross-sector cooperating through two-way professional exchanges;
- Ensure that people with sensory impairments, physical disabilities, cross-disabilities, and their families and communities benefit from the transformational power of international exchanges;
- Build or expand sustainable networks of individuals and organizations serving people with disabilities;
- Establish a common language to develop practical solutions for shared problems and concerns.

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II. Eligibility Requirements.

To be eligible for Empower Program, applicants must:

- Be a citizen and current resident of Kazakhstan, Kyrgyzstan, Pakistan or Tajikistan;
- Be a current resident of their country of citizenship in order to be eligible to participate.
- Have relevant experience in and demonstrated commitment to serving disability populations;
- Have demonstrated leadership and collaborative skills;
- Have a desire and ability to develop and implement a short reciprocal project for a US participant;
- Be proficient in English. If you are selected as a semi-finalist, we will give you an institutional TOEFL exam, unless you have a valid TOEFL score over 500 (paper test) or over 60 (iBT test) or its equivalent (for example, valid IELTS band 6 or higher)

Individuals in the following circumstances are NOT eligible to apply to participate as Fellows in EAP:

- U.S. citizens and permanent residents of the United States.
- Individuals currently participating in academic, training, research programs, or who are currently working in the United States.
- Individuals who are not citizens, qualified to hold a passport from one of the participating countries.
- Individuals currently residing or working outside their country of citizenship.
- Individuals who have participated in an exchange visitor program sponsored or funded by the U.S. government (e.g., Public Affairs Sections at U.S. embassies or other U.S. government agency) and who have not fulfilled their two-year home residency requirement by the time of the application.
- Individuals who have applied for U.S. permanent residency in the past three years.
- Persons arrested for, charged with, or convicted of a crime as further detailed by the U.S. Department of State, Bureau of Educational and Cultural Affairs.

To apply for a program scholarship, you must certify that you meet the eligibility requirements outlined below. If you pass to the next level of the scholarship competition, you may be required to provide documentation of your eligibility.

I certify that I meet all the eligibility requirements for applicants of the Legislative Fellows Program scholarship for program year 2013 listed above:

- Yes
- No

Certified by:

(Print Your Name)

(Signature of the Applicant)

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III. Program Dates, Deadlines and Contact Information

Program Dates:

The program for spring 2013 is tentatively scheduled for late April - May 2013.

Application Deadline

EAP coordinator must receive your complete application as well as letters from your references no later than December 10th to be considered for the spring 2013 program. Applications submitted after the deadline will not be considered for the spring program.

Questions:

If you have any questions, please contact your regional EAP coordinator or email Empower Access Program Manager Leslie Ryan at lryan@americancouncils.org . Contact information for your local coordinators is provided below.

Country	EAP Coordinator	Email Address
Kazakhstan	Zhanna Nurmakhanova	nurmakhanova@americancouncils-kz.com
Kyrgyzstan	Gulnura Abytalieva	empoweraccess@americancouncils.kg
Pakistan	Program Contact	empoweraccess@iearnpk.org
Tajikistan	Program Contact	empoweraccess@americancouncils-tj.org

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IV. Biographical Information

1. Family Name _____
First Name _____
Middle Name _____
2. Date of Birth (month/date/year) __/__/____
3. Sex
 Male
 Female
4. Place of Birth (City, Country) _____
5. Citizenship _____
6. Do you currently hold a position serving people with disabilities? (Please circle one) YES/NO
If YES, how many years have to been working on disability issues? _____
7. What is the highest level of education you have completed so far? _____
8. When did you receive your highest degree? _____
9. If you have a recent (since March 18, 2011) English language test score, please note it here

If you DID NOT enter a test score above, skip question 10.

10. If you entered a test score above what type of test did you take? _____

11. Your Permanent Address (Street Address , Postal Code, City , Region (if applicable), Country)

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If your "MAILING address is different than your "PERMANENT" address, please enter your Mailing address below. Otherwise, skip Question 12.

12. Your Mailing Address(Street Address , Postal Code, City , Region (if applicable), Country)

13. Your Works Address(Street Address , Postal Code, City , Region (if applicable), Country)

14. Your Telephone Numbers (City Code + Number)

Cell (required) _____

Work (required) _____

Home: _____

15. Your Email Address (es) (Important! Please designate at least one (1) preferred email address)

Email Address, Type (personal, work email)

1. _____

2. _____

3. _____

16. In the event we are unable to contact you, please provide at least one (1) ADULT who does not

live with you as your emergency contact person:

First Name, Last Name _____

Sex _____

Relationship to you _____

Home Telephone _____

Work Telephone _____

Mobile Telephone _____

Email Address _____

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V. Letters of Reference

Your application must include two (2) letters of reference. Applications without reference letters will not be considered. An eligible reference includes colleagues, advisors, supervisors, and other professionals who are familiar with your professional abilities.

Instructions:

There are two ways to submit your reference forms.

1. You can fill out your references information including their name, position, email address and telephone number and EAP coordinator will email them a reference form that they will have to fill out and submit no later than December 10th. It is advisable to contact your local EAP coordinator with your references information before submitting your application in order to meet the deadline requirements.
2. You can give the reference forms to your recommenders and attach the completed reference forms to your application when you are ready to mail it. You are still required to out reference contact information in this form. Please be advised that all of the references submitted this way will be receiving a follow-up interview phone call to ensure the accuracy of the information provided.

If your recommender is having significant difficulty completing the recommendation due to the language requirement, please contact your country's EAP Coordinator.

Enter Recommender Information

Recommender 1:

Name (First, Last, Middle Name) _____

Relationship to you (professors, colleague, etc.) _____

Email Address _____

Phone Number _____

Recommender 2:

Name (First, Last, Middle Name) _____

Relationship to you (professors, colleague, etc.) _____

Email Address _____

Phone Number _____

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VI. Work History

Please list your recent work history. List your current or most recent job first.

NOTE: If you are running out of space, you may include additional pages to this application. Please make sure you write your name and question number on the top of the page you are adding.

1. Position Title _____

Employer Name _____

Location (City, Country) _____

Employment Status (Please circle one) Full Time, Part Time

Employment Payment (Please circle One) Paid, Unpaid

Start (Month, Year) __/____

End (Month, Year) __/____

Supervisor Name _____

Supervisor Telephone _____

Supervisor E-mail Address _____

Does your supervisor know that you are applying for EAP? (Please circle one) Yes/No

May we contact your current supervisor? (Please circle one) Yes/No

Please describe in 100 words or less your major responsibilities.

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2. Position Title _____

Employer Name _____

Location (City, Country) _____

Employment Status (Please circle one) Full Time, Part Time

Employment Payment (Please circle One) Paid, Unpaid

Start (Month, Year) __/____

End (Month, Year) __/____

Supervisor Name _____

Supervisor Telephone _____

Supervisor E-mail Address _____

Does your supervisor know that you are applying for EAP? (Please circle one) Yes/No

May we contact your current supervisor? (Please circle one) Yes/No

Please describe in 100 words or less your major responsibilities.

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3. Position Title

Employer Name _____

Location (City, Country) _____

Employment Status (Please circle one) Full Time, Part Time

Employment Payment (Please circle One) Paid, Unpaid

Start (Month, Year) __/____

End (Month, Year) __/____

Supervisor Name _____

Supervisor Telephone _____

Supervisor E-mail Address _____

Does your supervisor know that you are applying for EAP? (Please circle one) Yes/No

May we contact your current supervisor? (Please circle one) Yes/No

Please describe in 100 words or less your major responsibilities.

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V. Education History

1) List ALL your *post-high school* education history. List your current or most recent institution of higher education first.

NOTE: If you are running out of space, you may include additional pages to this application. Please make sure you write your name and question number on the top of the page you are adding.

#	Name of University	Location (City, Country)	Graduation Date (or expected graduation date)	Level of education attained	Specialization

2) Conferences, Seminars, Workshops, and Trainings

Please list any conferences, seminars, workshops, or trainings you have attended at home or abroad related to government service, management, leadership, civil service, or other relevant professional fields. Include the name, date, and location of the event, along with the nature of your participation (e.g., presenter, attendee, organizer, etc.)

[NOTE: Enter date in format "Oct 01, 2009"]

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#	Name of Event	Date	City, Country	Your Role

VI. Knowledge of Languages

Which languages do you speak, and how well do you speak them?

Language	Speaking Ability

VII. International Experience

1) Have you ever participated in a US government funded trip to the United States? (f.e. Muskie)

If YES, please list your previous US government funded trips to the U.S.A.

1. Name of Program _____

Name of Organization _____

City _____

Start-End (Month, Year) ___/___-___/___

2. Name of Program _____

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Name of Organization _____

City _____

Start-End (Month, Year) __/____-__/____

- 2) Are you currently applying for any other US government funded programs besides EAP (for example, Muskie)? (Please circle one) Yes/No

If YES, please list the program(s)

Program Name _____

Start Month and Year __/____

- 3) Please list your previous participation in programs to other countries. If NONE, leave blank:

#	Name of Program	Name of Organization	Location (City, Country)	Start-End (month, year)

- 4) Have you ever lived with a host family? (Please circle one) Yes/No

If YES, please describe at least one lesson learned from the experience.

- 5) Have you ever been to the United States? (Please circle one) Yes/No

If yes, please explain _____

- 6) Please list all countries that you have visited in the past _____

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VIII. Placement Information

The information you provide in this section **will not** influence the program selection process. Preferences are not binding and cannot be guaranteed.

- 1) Do you smoke? Yes/No
- 2) Can you live with smokers? Yes/No
- 3) Do you have allergies to pets? Yes/No

If YES, please specify _____

- 4) Do you have any dietary restrictions for health, religious, or other reasons?

If YES, please specify _____

- 5) Do you have a disability? Yes/No

If YES, please specify _____

If you will need special accommodations while in the US, please specify _____

- 6) What are your hobbies? Please list at least three (3) _____

- 7) In 100 words or less, please describe what you think and expect from the experience of living with an American host family while on EAP. How important is this component to you?

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- 8) Are you currently married or in a serious relationship? (Please circle one) Yes/No
- 9) How many children do you have? _____
- 10) Please rank the following program placement options and program topics from 1 (first choice) to 5 (last choice) according to your preferences. NOTE: It is OK to give two or more programs the same ranking if they are of equal interest to you. If you have no preferences, please indicate "No Preference" underneath the chart. Please note that preferences are non-binding. While American Councils will do its best to consider your interests and requests, final decisions about work placements are based on many factors (including availability) and it may not be possible to honor your preferences and still meet EAP goals and requirements:

Ranking	Placement Options
	Non-Profit Organization
	Educational Institution (School, University)
	Think Tank
	Health Center (Hospital, Rehabilitation Center)
	Government Office
	Other

If other, please type in here _____

In a few sentences, please explain your placement preference _____

Ranking	Program Topics
	Government Oversight and Accountability
	Technology
	Education
	Social Services
	Accessibility Issues
	Health Care
	Other

If other, please type in here _____

In a few sentences, please explain your issue preferences _____

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Section XI. Essay Questions

There are three (4) essay questions. You must answer all questions in English. Each answer should be no more than 500 words.

- 1) Why did you choose to serve and protect interest of people with disabilities? How have you contributed to the cause and how are you planning to affect the lives of people with disabilities, their families and communities in the future?

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- 2) What role does the government, NGOs and individuals play in the process of integration of people with disabilities into society?

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- 3) How do you expect the Empower Access Program to contribute to your short term and long term aspirations and goals? How do you expect participation to aid in your career development and contribute to the cause of advocacy for the rights of disabled people? Please be as specific as possible.

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- 4) If you were offered the opportunity to invite your U.S. supervisor to your home region for two weeks and to develop a mutually beneficial project between your U.S. hosts and your home region, what project would you develop? Please describe the field, possible local partners, goals, activities, and any other details.

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Submitting Your Application

After completing the application and attaching all of the necessary documentation, please mail your application to the EAP coordinator in your country. Application must be received no later than December 10th to be considered for the spring 2013 program. Applications submitted after the deadline will not be considered.

Country	EAP Coordinator	Email Address
Kazakhstan	Zhanna Nurmakhanova	nurmakhanova@americancouncils-kz.com
Kyrgyzstan	Gulnura Abytalieva	empoweraccess@americancouncils.kg
Pakistan	Program Contact	empoweraccess@iearnpk.org
Tajikistan	Program Contact	empoweraccess@americancouncils-tj.org

Good Luck!