



**TEACHER
EXCHANGE PROGRAM**

APPLICATION SECTION
2008-2009



J. William Fulbright Foreign Scholarship Board
Fulbright Teacher Exchange Candidate
2008-2009

A. Name:	Last	First	Middle Initial
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			

B. U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	C. Home Telephone (area code, number):
If no, state country of citizenship: _____	Country of residence: _____

D. Complete Home Mailing Address (include number, street, city, state, zip code):

E. Date of Birth (month/day/year): Place of Birth (city, state, country):	F. Indicate year and country of any previous Fulbright grants (if none, write 'none'):
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G. Current Occupation: Name and address of employer	Job Title	Employed Since (mm/yy)
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H. Current Subject(s) and level(s):

I. First Country Choice:

J. Education: Name of institution, university, or professional school and location	Major field of study	Name of degree and date received
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K. Name your most significant publications/honors/awards/projects or other accomplishments:

L. Provide a synopsis in approximately 50 words of your personal/professional goals as related to this exchange program. This explanation of your goals will be reviewed by the Fulbright Scholarship Board.
(Please use only this space. Additional pages will not be accepted):

FOR FSB USE ONLY: Approve Disapprove Abstain

FSB NAME _____ **SIGNATURE** _____ **DATE** _____



APPLICATION FOR TEACHING AND ADMINISTRATIVE EXCHANGES AND SEMINARS ABROAD

Please read all instructions before completing this form. Please type or print clearly in black ink. This form may be copied.

ID#: 08

First Choice Interview Site #:	City:	Second Choice Interview Site #:	City:
I. APPLICANT BASIC DATA			
A. Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. Name (last, first, middle): <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		F. U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No G. U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Complete Home Mailing Address (include number, street, city, state, zip code):		H. Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please describe:	
C. Home Telephone (area code, number): Home Fax (area code, number): Home E-mail:		I. Ethnicity: (select one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
D. Date of Birth (month/day/year):		J. Race: (select one or more of the following) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
E. Have you ever applied to the program before? If so, list all program years for which you applied (e.g., 1989-90, 1998-99):			
II. APPLICATION FOR:			
You may check more than one box. <input type="checkbox"/> year-long exchange <input type="checkbox"/> semester exchange <input type="checkbox"/> six week exchange <input type="checkbox"/> summer seminar <input type="checkbox"/> pilot/special initiative program* *please refer to any special announcements for information about these programs			
A. TEACHING POSITION: <input type="checkbox"/> Yes <input type="checkbox"/> No List countries in order of preference.		1. 2. 3.	
B. ADMINISTRATIVE EXCHANGE: <input type="checkbox"/> Yes <input type="checkbox"/> No List countries in order of preference.		C. SUMMER SEMINAR ABROAD: List countries in order of preference.	
1. 2. 3.		1. 2.	
D. Would you consider placement in countries other than those you've listed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Would you consider a one-way assignment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Is your spouse applying for a position abroad through this program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. If so, will you accept a position if no position is offered to your spouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you and your spouse willing to be placed in different locations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

III. MODERN FOREIGN LANGUAGE FLUENCY (Applicants for seminar only need not complete this section)												
Language	Understanding			Speaking			Reading			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

IV. EDUCATION AND PROFESSIONAL PREPARATION ABOVE SECONDARY SCHOOL (List degrees in chronological order)

Institution, Location	Dates Attended		Degrees Received		Major Subjects
	From	To	Kind	Date	

V. PRESENT EMPLOYMENT

A. Present Position Title:		In Present Position From (date):	
B. Name and Address of School (include number, street, city, state, zip code):		Telephone (area code, number) and email address:	
		Fax (area code, number):	
C. School Principal's or College Dean's Name (include Dr., Mr., Mrs., Ms., or Miss):			
School Principal's or College Dean's Job Title:		Telephone (area code, number) and email address:	
D. Immediate Supervisor's Name (include Dr., Mr., Mrs., Ms., or Miss):			
Immediate Supervisor's Job Title:		Telephone (area code, number) and email address:	
E. Approving Administrative Official's Name (include Dr., Mr., Mrs., Ms., or Miss): Note: Must be the official authorized to approve participation in the exchange, grant a leave of absence, and approve the appropriate salary arrangements, e.g., President, Headmaster, Superintendent or District Official. See "Administrative Approval for Applicant" form.			
Approving Administrative Official's Job Title:		Telephone (area code, number) and email address:	
Name and Address of Approving Administrative Official's Institution (include number, street, city, state, zip code):			

VI. DAILY SCHEDULE FOR CURRENT YEAR (Administrator Exchange applicants describe duties on separate sheet.)

A. Subjects: Be specific and provide details (e.g., World History: European emphasis). Special Education teachers are requested to include details about student needs and teaching approaches.	Number of Teaching Hours Per Week	Grade Level and Age of Students		Number of Students
		Grade	Age	
B. Additional Activities: Describe workload other than a teaching position (e.g., counseling, supervision, curriculum development, extra-curricular activities).	Number of Teaching Hours Per Week	Grade Level and Age of Students		Number of Students
		Grade	Age	

C. What is the best time to call you at school?

D. Have you been absent more than six days per year in the last three years? Yes No
 If yes, please explain:

VII. PREVIOUS EXPERIENCE / EMPLOYMENT

A. List any full-time teaching/administrative experience, beginning with the most recent:

Dates		Position Title	Name and Location	Full Time Teaching Position	
From	To			Grade	Subject

B. List any experiences you have had studying, working or traveling abroad:

Dates		Country	Purpose of Visit
From	To		

C. List memberships in educational, professional, and civic associations:

D. List awards and publications:

VIII. OTHER EXPERIENCE (Applicants for seminar only need not complete this section.)

A. List extracurricular activities you can direct or sponsor (e.g., sports, arts, dramatics, music, etc.):

B. List educational experiences you have had which would be especially helpful to you in working abroad (e.g., working with bilingual students, student exchange programs, etc.):

C. List experiences you have had in teaching English to non-native speakers:

IX. U.S. GOVERNMENT EDUCATIONAL EXCHANGE GRANTS

A. Have you ever received a U.S. Government educational exchange grant? Yes No
If yes, please indicate the year, country, type of grant and sponsoring agency:

B. If you did not accept or complete the grant, explain briefly:

XIII. PILOT/SPECIAL PROGRAMS

(Only applicants applying for pilot/special initiative programs need to complete this section)

A. Name the pilot program to which you are applying.

B. Specify the dates of pilot program.

C. Describe briefly any U.S. professional career experience that you feel qualifies you to participate in the pilot program to which you are applying.

D. Note any other professional development or training you have received that would qualify you for this pilot program.

E. If the pilot program involves electronic follow-up with students or partners in another country, describe how you currently integrate web-based technologies or other distance-learning techniques in your lesson planning and classroom discussions.

F. Have you written papers, conducted research, or made a presentation at a conference related to the topic of this pilot program?

G. If the pilot program involves teacher training, describe any teacher training experience you have had, either in the U.S. or abroad.

H. List any professional associations to which you belong that are relevant to the pilot program.

I. Write a brief description (limit 1 page) of your interest in the pilot program to which you are applying. Describe in detail why you feel you would contribute to the program and what benefit the program would bring to you, your school, and your students. Give an idea of the resources in your community that you would call upon to help you carry out this program.

XIV. REMARKS (Additional space for answers: Use this space to provide additional information on any item. Write the number and letter of the item to which each answer applies. If you need more space, attach additional sheets.)

Terms of Agreement If Selected

1. I agree to reflect the ideals of the United States of America while observing and obeying the laws of the country in which I will be exchanging.
2. For teacher exchange applicants: When requested, I will have a complete physical examination and will submit a physician's "Report of Medical Examination." I will also submit a "Statement of Health for Dependents" form from a physician for all who accompany me. All medical examinations will be at my expense. In addition, I guarantee that I and anyone accompanying me will have comprehensive medical insurance sufficient to cover any major medical contingency which may occur while abroad.

For seminar and administrative exchange applicants: When requested, I will submit a statement of health from a physician. I understand that a medical examination report, completed at my expense, may be required.

3. I am aware that travel before a grant is awarded is not reimbursable.
3. If required by my grant, I will travel on an airline designated for the transportation of the United States grantees.
5. I will attend all orientation activities in the United States or abroad.
6. If selected for a teaching assignment abroad, I will complete my assignment in the country to which I am assigned, remaining, if necessary, beyond the usual closing date in the United States. I will return to my teaching post in the United States for the year following my exchange year unless an extension of my leave is authorized by my school authority.

If selected for a short-term assignment of eight weeks or less, I will complete it, participate in all activities, and complete all required assignments. I will not be accompanied by dependents, relatives, or friends until the termination of the seminar or administrative assignment.
7. I will accept no employment other than my position as an exchange teacher during my stay abroad, unless approved in writing by the administering foundation, commission, or embassy.
8. I am aware that, should the exchange be terminated as a result of my inability to fulfill the obligations, I may be asked to reimburse funds expended on my exchange.
9. I am aware that no one or more of the following will be liable for any claim or claims resulting from either exchange partners' failure to enter upon or to complete the program outlined in the grant: the FSB, the United States Department of State, the cooperating agency, and the commission or post.

I certify that I have read and understand the "Terms of Agreement" and that the information provided in this application is, to the best of my knowledge, true and correct. I am aware that a false statement may be grounds for non-selection or termination of my exchange. I further certify that I have notified the Teacher Exchange Branch of any misdemeanor (except minor traffic violation) or felony convictions or pending indictments. My signature confirms that I will abide by the "Terms of Agreement" if selected for program participation

SIGNATURE OF APPLICANT: _____ DATE: _____

How did you first hear about the Fulbright Teacher Exchange Program?	
<input type="checkbox"/> from a colleague at my school or college <input type="checkbox"/> from a school or college administrator <input type="checkbox"/> from a former participant of this program <input type="checkbox"/> from a friend <input type="checkbox"/> at a conference	<input type="checkbox"/> through a professional journal or other publication <input type="checkbox"/> at my local library <input type="checkbox"/> through a mailing from the Fulbright program <input type="checkbox"/> Other (please specify) _____



**TEACHER
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REFERENCES

2008-2009

Administrative Approval for Applicant

ID#: 08

1. Name of Applicant (last, first, middle):
2. INSTRUCTIONS FOR APPROVING ADMINISTRATOR: Please complete the following sections and sign this form to certify your approval or disapproval of the applicant's pursuit of an exchange, one-way assignment, or seminar opportunity through the Fulbright Teacher Exchange Program. Indicate the type of leave to be granted and whether or not your teacher has undergone a criminal background check (you may check more than one box). (Please see reverse of this form.)
A. APPROVAL
<p>For Direct Exchanges, Short-Term and Administrative Exchanges: The above applicant is employed full-time by our college, school or school system . The applicant has, in my judgment, superior qualifications and will be an excellent representative of American education abroad. If we and all other necessary parties agree to a proposed assignment, the following leave(s) of absence will be approved and the applicant will be released under the conditions checked below in order to accept a position under the Fulbright Teacher Exchange Program.</p> <p style="text-align: center;"><input type="checkbox"/> With salary <input type="checkbox"/> Without salary</p> <p><input type="checkbox"/> For Summer Seminar: Either no leave of absence is required, or the teacher will be given, with or without pay, the leave of absence required for participation in the Seminar.</p> <p>For One-Way Assignments: If a one-way assignment were to become available and the above applicant were to be proposed for such an assignment and all necessary parties agree to the proposed assignment, the following leave(s) of absence will be approved and the applicant will be released under the conditions checked below in order to accept a position under the Fulbright Teacher Exchange Program.</p> <p style="text-align: center;"><input type="checkbox"/> With salary <input type="checkbox"/> Without salary</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No According to institutional/district procedures, we conducted a criminal background check of the applicant at the time of his/her employment.</p>
B. DISAPPROVAL
<input type="checkbox"/> The above teacher/administrator is employed by our school or school system and will not be granted a leave of absence.
C. OFFICIAL SIGNATURE
Note: This form must be completed and signed by the official who is authorized to approve participation in the exchange, grant a leave of absence, and approve the appropriate salary arrangements for the college, school or school system in which the applicant is employed, e.g., President, Headmaster, Superintendent or District Official.
Name and Job Title of Chief Administrator or Authorized Official (President, Headmaster, Superintendent or District Official):
Name and Address of School or School System (include number, street, city, state, and zip code):
Signature of Chief Administrator or Authorized Official (President, Headmaster, Superintendent or District Official):
Print Name: _____ Title: _____
Signature: _____ Date: _____

This form is subject to release, on written request, to the applicant. (Privacy Act of 1974, Freedom of Information Act.)



About The Fulbright Teacher Exchange Program

The purpose of the Fulbright Teacher Exchange Program is to help promote mutual understanding between the people of the United States and the people of other countries through educational exchange. Teachers and administrators participating in the program have the opportunity to live and work abroad by exchanging positions with educators from similar institutions in over twenty countries. Teachers may also apply to attend the summer seminars or special initiative/pilot programs.

Fulbright exchange teachers usually exchange positions with foreign teachers for an academic year. By living and working in the cultures of their host countries, they gain an understanding and appreciation of the similarities and the differences between nations. If your teacher is proposed for an exchange, you will have the opportunity to review the credentials of the foreign teacher and to accept or reject the proposed exchange arrangement. In order for an exchange to take place it must be accepted by the U.S. teacher, the U.S. administrators, the foreign teacher, and the foreign administrators, and must be approved by the J. William Fulbright Foreign Scholarship Board (FSB). **At the time of this application your signature on the reverse administrative approval form simply enables your teacher to be eligible for the program and indicates your willingness to consider a Fulbright Teacher Exchange at your school/college.**

The success of the Fulbright Teacher Exchange Program in increasing international understanding and properly representing the educational system and other aspects of American life and culture depends greatly upon the exercise of judgment by school administrators in approving their teachers'/administrators' participation in the program. It is important to the reputation of the program and the American educational system, as well as that of the participating school, that an applicant be approved for participation only if the approving official has no reservations about his or her character, reliability and adaptability, and judges him or her to have superior qualifications and to be an excellent representative of American education.

Most exchanges occur with both U.S. teachers and foreign teachers receiving their regular salaries from their home schools while teaching and living abroad, though specific arrangements vary for each country. U.S. schools will not be asked to pay the salaries of the foreign exchange teachers. Housing arrangements are the responsibility of the teachers involved.

Both the U.S. and the foreign teacher will be provided with a limited medical insurance policy by the U.S. government. However, your teacher should continue his or her current coverage from your school, and we encourage you to consider including your foreign teacher and any accompanying family members in your local group health plan.

PRIVACY ACT STATEMENT

AUTHORITIES: The information is sought pursuant to Section 102 of the Mutual Educational and Cultural Exchange Act of 1961, as amended (the Fulbright-Hays Act) (22 U.S.C. 2452).

PURPOSE: The information solicited on this form is necessary to evaluate a candidate's eligibility and suitability for participation in the Fulbright Teacher Exchange Program, for general statistical use within the Department of State, and to direct program outreach strategies in subsequent program cycles. Failure to provide the information requested on this form may result in non-selection.

ROUTINE USES: The information may be shared with overseas counterpart agencies of the Bureau of Educational and Cultural Affairs or field personnel in selected countries to ensure matching with a foreign counterpart, and with local school authorities for their concurrence on the exchange. The information provided may also be released to federal, state, local, or foreign government entities for law enforcement purposes.

Immediate Supervisor Reference for Applicant

IMPORTANT: The success of this program depends on the selection of educators whose qualifications give promise of outstanding success under unusual circumstances abroad. Please see Fulbright Teacher Exchange Program description on the reverse of form.

ID #: 08

1. Name of Applicant (last, first, middle):				
2. Check the Applicant's professional qualifications and personal traits:				
Item	Superior	Above Average	Average	Below Average
PROFESSIONAL QUALIFICATIONS				
Knowledge of the subject field				
Effectiveness with students of diverse levels of preparation				
Ability to work with colleagues, including those with divergent views				
Adherence to established administrative policies and procedures				
PERSONAL TRAITS				
Adaptability				
Resourcefulness				
Self-reliance				
Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use additional page if necessary.				
4. Number of years you have known applicant:		5. Is the applicant a full-time teacher/administrator?		
6. Please provide a general description of your teacher's school/college. Comment on how you feel the school, college, or district will benefit from participating in the Fulbright Teacher Exchange Program. Use additional page if necessary.				
7. Can the U.S. teacher's course load be altered for the foreign teacher?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Please describe any special consideration that could be given to the incoming exchange teacher, (e.g., orientation, reduced teaching load, extra preparation periods, special assignments teaching about home country culture, special support staff to assist exchange teacher with instructional or related duties, other). Please continue on the reverse of this page, or use additional sheets.				
9. Name and Job Title (include Dr., Mr., Mrs., Ms., Miss):				
10. Name and Address of School (include number, street, city, state and zip code):				
11. Print Name:		12. Title:		
Signature:		Date:		

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Additional Space for Items 3, 6 and 8 (please use additional sheet if necessary):

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Reference for Applicant

IMPORTANT: The success of this program depends on the selection of educators whose qualifications give promise of outstanding success under unusual circumstances abroad. Please see Fulbright Teacher Exchange Program description on the reverse of form.

ID#: 08

1. Name of Applicant (last, first, middle):				
2. Check the Applicant's professional qualifications and personal traits:				
Item	Superior	Above Average	Average	Below Average
PROFESSIONAL QUALIFICATIONS				
Knowledge of the subject field				
Effectiveness with students of diverse levels of preparation				
Ability to work with colleagues, including those with divergent views				
Adherence to established administrative policies and procedures				
PERSONAL TRAITS				
Adaptability				
Resourcefulness				
Self-reliance				
Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use back of page if necessary.				
4. Professional relationship to the applicant:			5. Number of years you have known the applicant:	
6. Name and Job Title (include Dr., Mr., Mrs., Ms., Miss):				
7. Professional Address (include institution, number, street, city, state, zip code, phone number and email address):				
8. Print Name:			9. Title:	
Signature:			Date:	



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Please return this form to:
Public Affairs Section
The Embassy of the United States of America
Smilšu iela 7
Rīga, LV-1050
Tel: 67216571

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Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use back of page if necessary.				
4. Professional relationship to the applicant:			5. Number of years you have known the applicant:	
6. Name and Job Title (include Dr., Mr., Mrs., Ms., Miss):				
7. Professional Address (include institution, number, street, city, state, zip code, phone number and email address):				
8. Print Name:			9. Title:	
Signature:			Date:	

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Fulbright Teacher Exchange 2008-2009 Program Information Questionnaire

Please complete and return this form regardless of whether or not you decide to apply for the program. Completing this questionnaire is voluntary. This form should be mailed separately from the application. No postage is necessary.

1. Country _____
2. Your teaching subject and level _____
3. How did you find out about the Fulbright Teacher Exchange Program? (Please indicate the approximate date.)
____ Professional Journal or Magazine (name) _____
____ Conference _____
____ A Publication or Letter distributed by the Fulbright Teacher Exchange Program (please specify)

____ A former Fulbright Participant (name) _____
____ A Foreign Teacher presently on exchange in your school or community (name of teacher and school)

____ I am a former applicant to the Fulbright Teacher Exchange Program (year) _____
____ School or College Administrator _____
____ School Newsletter (name) _____
____ Newspaper Article (name) _____
____ Other _____
4. When did you request the application (please give an approximate date)? _____
5. When did you receive the application (please give an approximate date)? _____
6. How did you receive the application? _____ Fulbright Office _____ Conference
____ School or College Administrator _____ Colleague _____ Other
7. Have you decided to apply for the program this year? _____
If not, why not? _____
8. Are there countries, not presently in the program, that you are interested in exchanging in? Please specify:

9. Do you have any further suggestions for future recruitment and advertising techniques? Please specify:

MAILING SHEET GOES HERE!!

**Agencies Administering Fulbright Programs
in Cooperation with the United States Department of State and
the J. William Fulbright Foreign Scholarship Board**

U.S. Student Program Foreign Student Program (General information only)	Institute of International Education (IIE) 809 United Nations Plaza New York, N.Y. 10017 (212) 984-5330 www.iie.org
Foreign students from the Middle East and North Africa	America-Mideast Educational and Training Services Inc. (AMIDEAST) 1730 M Street, NW, Suite 1100 Washington, DC 20036 (202) 776-9600 www.amideast.org
U.S. Scholar Program Visiting Scholar Program Scholar-in-Residence Program Senior Specialist Program New Century Scholars Program	Council for International Exchange of Scholars (CIES) 3007 Tilden Street, NW, Suite 5L Washington, DC 20008-3009 (202) 686-4000 www.cies.org
Junior Faculty from Central and Latin America	LASPAAU: Academic and Professional Program for the Americas 25 Mount Auburn Street Cambridge, MA 012138-6095 (617) 495-5255 www.laspau.harvard.edu
Teacher Exchange Program	Graduate School, USDA 600 Maryland Avenue, SW, Suite 320 Washington, D.C. 20024-2520 (202) 314-3520 fulbright@grad.usda.gov www.fulbrightexchanges.org
Educational Partnership Program Hubert H. Humphrey Fellowship Program	United States Department of State Humphrey Fellowships & Institutional Linkages Branch 301 Fourth Street, SW, Room 349, SA-44 Washington, D.C. 20547 (202) 619-5289 http://exchanges/state.gov/education/hhh
Study of the United States Program	United States Department of State Study of United States Branch 301 Fourth Street, SW, Room 252, SA-44 Washington, D.C. 20547 (202) 619-4557 http://exchanges.state.gov/education/amstudy
Fulbright Programs focusing on foreign language and area studies	United States Department of Education International Education and Graduate Programs 1990 K Street, NW, 6 th Floor Washington, D.C. 20006-8521 (202) 502-7700 www.ed.gov/offices/HEP/iegps