

PRELIMINARY APPLICATION FOR THE

2013

**STUDY OF THE UNITED STATES INSTITUTES FOR
SECONDARY SCHOOL EDUCATORS**

Deadline: December 20, 2012 (before 5:00 p.m.)

Please submit your applications and supporting documentation before the deadline to:

- U.S. Embassy, PAS (Exchanges) Building 783, Ave. Demetrio B. Lakas, Clayton, Telephone 317-5459; 317-5096
- or by fax: 317-5350
- or by email to pancultural@state.gov



A program of the
Bureau of Educational and Cultural Affairs
U.S. Department of State



Study of the United States Institutes for Secondary School Educators 2013
Application Form

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NAME (Please print your name here): _____

K. CURRENT POSITION, TITLE, INSTITUTION

- Primary Position: Public Secondary School Teacher Teacher Trainer
 Private Secondary School Teacher Textbook Writer
 National Curriculum/Exam Developer Other (please specify)

Title: _____

Institution Name: _____

Institution Country: _____

L. WORK EXPERIENCE, including previous positions and titles

From: DD/MM/YEAR	To: DD/MM/YEAR	Title/Institution (Please specify if position is part-time)

M. EDUCATION, ACADEMIC AND PROFESSIONAL TRAINING Please list all earned degrees beginning with most recent. Degrees listed should reflect the closest U.S. equivalent.

Degree Earned (AS/BA/MA/PhD etc)	Date Earned DD/MM/YEAR	Specialization/Institution

Additional Professional Training: _____

N. ACTIVE PROFESSIONAL MEMBERSHIP

Active Professional Memberships independent of current professional responsibilities. These should not include university committee work or other professional duties directly related to current employment.

Position (President/Director/Member/ Editorial Staff/Contributing Member)	Title	Organization



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NAME (Please print your name here): _____

O. PUBLICATIONS RELATED TO THE INSTITUTE THEME (Up to 10)

Please list all foreign titles in English, including whether book, chapter, journal article, newspaper article, web article, etc.

Publication Type (book/book chapter/journal/newspaper/online article, conference)	Year	Title Publisher

P. PREVIOUS EXPERIENCE IN THE UNITED STATES

Purpose	From DD/MM/YEAR	To DD/MM/YEAR	Description

Q. FAMILY/FRIENDS RESIDING IN THE UNITED STATES

Please include city and state (Example: John Doe – Chicago, Illinois)	

R. EVIDENCE OF ENGLISH FLUENCY (If applicable, please provide test name, date taken and score.)

S. PROFESSIONAL RESPONSIBILITIES

Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. Curriculum design), and/or other pertinent information



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NAME (Please print your name here): _____

Current Courses Taught:

Course Title	Level of Students (PhD, Masters, Undergraduate or High School)	Classroom Hours Per Semester	# Students	U.S. Studies Content (%)

Other Potential Outcomes:

Please select any likely potential professional outcomes of this program

- | | | |
|---|--|---|
| <input type="radio"/> Update Existing Course | <input type="radio"/> Create New Course | <input type="radio"/> Create New Degree Program |
| <input type="radio"/> School Curriculum Redesign | <input type="radio"/> National Curriculum Redesign | <input type="radio"/> New Research Project |
| <input type="radio"/> New Publication | <input type="radio"/> Professional Promotion | <input type="radio"/> Government or Ministry Policy |
| <input type="radio"/> New Professional Organization | <input type="radio"/> New Institutional Linkages | <input type="radio"/> Raise Institutional Profile |

T. PERSONAL ESSAY (Limit 4,500 characters or 250 words, DOUBLE SPACED)

Please discuss why you wish to participate in this program. Include how your participation in the institute will enhance your work, improve education about the United States in your community, and help you achieve the "Other Potential Outcomes" you have checked above.



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NAME (Please print your name here): _____

PLEASE INDICATE IF YOU HAVE APPLIED FOR A U.S. VISA:

	YES	NO	DATE(S) GRANTED	DATE(S) REJECTED
NON-IMMIGRANT VISA (VISA DE TURISMO)				
IMMIGRANT VISA (VISA DE RESIDENCIA)				

How did you become aware of this scholarship? (Please check all that apply)			
Friend or family	<input type="checkbox"/>	Radio/Television	<input type="checkbox"/>
Fulbright Scholar	<input type="checkbox"/>	Embassy Web Page	<input type="checkbox"/>
University (specify):	<input type="checkbox"/>	Social Networks (Facebook/Twitter)(specify):	<input type="checkbox"/>
Written media (specify):	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>

Are you a Panamanian citizen?

Yes No If no, please indicate of which country you are a citizen.

Do you have or are you in the process of obtaining a Green Card or citizenship to the United States?

Yes No If yes, please indicate which one and what date you applied. _____

Do you have or have you had a U.S. passport?

Yes No

SIGNATURE

By my signature, I certify that, to the best of my knowledge, the information provided in my application is accurate and complete, and that I intend to return to my home country upon completion of my studies in the United States. I also authorize any school or university which I have attended or will attend to release my transcripts and any report to the designated placement agency.

Signature: _____ Date: _____

CHECKLIST FOR COMPLETE APPLICATION DOSSIER:

Before submitting your application to the address on the front page, please be sure you have included all of the following REQUIRED components:

- ___ Completed and signed application form in English.
- ___ Personal essay in English, limit 4,500 characters or 250 words, typed, double spaced.
- ___ If you have a valid passport, please submit a copy of the data/photo page. **If not, submit copy of your CEDULA.**
- ___ Two letters of recommendation **in English.**
- ___ TOEFL®, ITP®, or other standardized English test score report. **If you have not taken this test, please do not do so at this time.**

*Additional supporting documents should be submitted in plain, letter-sized (8 ½ x 11 inch) paper.