

NAME: _____

CITY, COUNTRY: _____



Teaching Excellence and Achievement Program (TEA)
International Teachers' Application
A program of the Bureau of Educational & Cultural Affairs (ECA), U.S. Department of State, and administered by IREX (International Research and Exchanges Board).

Please indicate your program cohort preference:

Cohort I
(February – March 2011)

Cohort II
(September – November 2011)

No preference

Section I.

1. Name: _____
as listed on passport: (Surname) (First) (Middle)

2. Country of Citizenship: _____

3. Country of Legal Residence: _____

4. Place of Birth: _____
(city) (country)

5. Date of Birth: _____
(month) (day) (year)

6. Gender: Male Female

7. Home Mailing Address:

Street/Building Number _____ Apartment Number _____
(if applicable)

City or Town _____ Postal Index/Code _____

Country _____ Region _____
(if applicable)

Telephone number _____ Mobile Telephone _____
(country code + city code + number) (country code + city code + number)

E-mail _____

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8. School Address:

Street/Building Number _____ Apartment Number _____
(if applicable)

City or Town _____ Postal Index/Code _____

Country _____ Region _____
(if applicable)

Telephone number _____

9. School Information:

Name of School: _____

Type of School: Urban or Rural or Suburban
 Public (government-run) or Private

Total number of students at the school: _____

Total number of full-time teachers at the school: _____

Total number of part-time teachers at the school: _____

Grade levels at the school: _____

Age range of students: _____

Student/teacher ratio: _____

10. Has a teacher at your school participated in the TEA program? If yes, what is his/her name, the program and the dates of participation?

Yes No

Name: _____ Dates of Participation: _____

11. Are you currently applying to any other U.S. government sponsored educational programs for the 2011 school year?

Yes No

If yes, please specify which program: _____

Name of sponsoring organization: _____

12. Have you previously traveled on a U.S. government sponsored exchange program?

Yes No

If yes, please indicate program name and dates: _____

Name of sponsoring organization: _____

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13. Have you traveled to the U.S. before? Yes No

If yes, where (please list all states, cities traveled to)?

For what purpose?

Work/Study Tourism U.S. Government-sponsored exchange program

14. Please list other international exposure you have had including working with international organizations or foreigners in your home country.

15. How did you hear about the TEA program?

Colleague Program Alumnus Friend School Administrator
 Publication: _____ Website: _____
 Other: _____

16. **Education:** Please list your educational background.

| Institution/School | # of years of study | Field of Study | Degree/Certificate | Year of Degree |
|--------------------|---------------------|----------------|--------------------|----------------|
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| | | | | |
| | | | | |

17. **Foreign Language Proficiency:** Please rate your proficiency for each language you know in the categories of reading, writing, comprehension and speaking. Please rate on scale of 1 to 5 with 1 being low, and 5 being high.

| Language | Reading | Writing | Comprehension | Speaking |
|----------|---------|---------|---------------|----------|
| | | | | |
| | | | | |
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| | | | | |

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18. Additional Education or Professional Experience & Activity: Please tell us what activities you have pursued inside and outside the classroom to maintain your professional training as an educator. In addition, please list professional organizations that you are a member of and relevant work in your community outside of school. Please emphasize collaborative and leadership activities.

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19. Work History: Please list below your work history for the past five years. Please list your current school(s) first.

Total number of years teaching: _____

School Information

Name of school: _____

Department: _____ Position/Title: _____

Length of employment (dates): _____

Grade level(s) taught and age range of students: _____

Number of hours per week teaching: _____

Title of classes taught: _____

Additional duties: _____

School Information

Name of school: _____

Department: _____ Position/Title: _____

Length of employment (dates): _____

Grade level(s) taught and age range of students: _____

Number of hours per week teaching: _____

Title of classes taught: _____

Additional duties: _____

School Information

Name of school: _____

Department: _____ Position/Title: _____

Length of employment (dates): _____

Grade level(s) taught and age range of students: _____

Number of hours per week teaching: _____

Title of classes taught: _____

Additional duties: _____

School Information

Name of school: _____

Department: _____ Position/Title: _____

Length of employment (dates): _____

Grade level(s) taught and age range of students: _____

Number of hours per week teaching: _____

Title of classes taught: _____

Additional duties: _____

NAME: _____

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20. Lesson Plan: Please include a lesson you have created for your class to this application. Please include the lesson's purpose or goal, the activity or activities conducted with the class, and the methods used for assessing students' learning and understanding.

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22. Essay Questions: Please prepare responses to the following three (3) essay questions in the space provided. Each essay should be no more than 500 words. Your response to the following essay questions is the most important part of your application. Your response will give the selection committee an opportunity to better understand you as teacher and your desire to participate in the program. Your essay responses provide the opportunity for you to present a picture of yourself as an educator and leader in your community. We urge you to think about your responses carefully and thoughtfully. Statements must be clearly written in order to be considered.

On a separate piece of paper for each question, please type or write responses to the following essay questions. Please limit your responses for each question to 500 words.

1. Why did you decide to become a teacher?
2. Explain what you are currently doing with your fellow teachers and administrators to improve the quality of education in your community. What specific skills do you hope the program will give you so that you can continue this work?
3. As a teacher, what do you believe is your role in your country's education system? How do you expect that your role will change as a result of your participation in the TEA program?

NAME: _____

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Essay Question 1: Why did you decide to become a teacher?

NAME: _____

CITY, COUNTRY: _____

Essay Question 2: Explain what you are currently doing with your fellow teachers and administrators to improve the quality of education in your community. What specific skills do you hope the program will give you so that you can continue this work?

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Essay Question 3: As a teacher, what do you believe is your role in your country's education system? How do you expect that your role will change as a result of your participation in the TEA program?

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Additional Space: Please use this space for any additional information regarding questions 1-19.

NAME: _____

CITY, COUNTRY: _____

23. Curriculum Vitae: Please provide your CV in the space provided.

NAME: _____

CITY, COUNTRY: _____



IREX PRIVACY POLICY & APPLICATION CERTIFICATION STATEMENT

Your privacy is important to IREX. That is why we request that all applicants read the following privacy policy statement carefully.

1. APPLICANT AND PARTICIPANT INFORMATION CONTENT AND STORAGE

Information about program applicants and current and past participants consists of data contained in their applications, information derived from interviews, and information gathered during the course of their program and as program alumni. IREX stores this information in written and electronic form indefinitely. Some data, such as contact information and professional experience, is continually updated.

2. USE OF INFORMATION: Information, which is described above, may be:

- A. Used by selection committees and interviewers to review applicants;
- B. Supplied to the program's funding organization;
- C. Submitted to potential host schools, universities, or organizations and/or organizations that provide internship opportunities; and
- D. Used for the evaluation of an individual's participation in the program and in the collection of data for general program evaluation by IREX, funding agencies or other organizations contracted to conduct evaluations.

IREX does not sell applicant or current/past participant information.

The principles stated herein are binding only to IREX; other organizations involved in the implementation of these programs may adhere to other privacy or similar policies.

3. CERTIFICATION: I certify that I completed this application myself, without any aid or assistance, that the information given in this application is complete and accurate, and that I have carefully read and understand all notes and disclaimers provided therein.

I understand that IREX reserves the right to verify all the information listed in the application. I understand that giving false or misleading information in the application will result in exclusion from the competition or immediate dismissal from the Teaching Excellence and Achievement Program (TEA).

Also, I acknowledge that I am aware of the following requirements that I must observe if I am selected for the program:

- I must abide by all program rules and regulations and observe all the laws of the United States during my stay there, including returning to my home country for at least two years at the conclusion of the program in compliance with J-1 visa requirements.
- The medical insurance provided to me during my travels is intended only for emergencies and does not cover ordinary, pre-existing, and dental conditions.
- My spouse, children, other relatives or individuals are not permitted to accompany me to the United States on the program.

Signature of Applicant

Date

In order for IREX to respond to U.S. Federal inquiries, please check the box(es) below, on a voluntary basis, if you have the following disabilities:

- | | | |
|------------------------------------------------|--------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Visual Impairment (Legally Blind) |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Learning Disorder | <input type="checkbox"/> Other (specify): |



TEA Application Checklist

Please make sure your application packet contains the following items:

- Completed Application
- Copy of Passport (or photo identification if you do not have a passport)
- Signed and completed Institutional Support and Reference Form with Letter