

**E-TEACHER SCHOLARSHIP PROGRAM
APPLICATION FORM**

REGIONAL ENGLISH LANGUAGE OFFICE

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Please submit the completed request form to the address above

1. COURSE CHOICE

2. CONTACT INFORMATION

Candidate's Name:

Candidate's Title:

Institution Name:

Primary E-mail Address:

Secondary E-mail Address:

Phone Number:

Mailing Address:

3. REASONS FOR YOUR PARTICIPATION

Briefly explain why participation in the course is important for you and how you are going to share the gained knowledge. Please give specific examples as to why this particular topic is relevant to your teaching.

4. PLEASE CONFIRM THAT YOU MEET THE REQUIREMENTS OF THE PROGRAM BY CHECKING THE BOXES BELOW:

- Yes, I have regular and reliable access to high-speed Internet connection
- Yes, I have advanced English language reading and writing skills at an equivalent to a TOEFL score of 550
- Yes, I commit to spending 8-10 hours a week on-line to participate in the course