



Bio-Sheet A

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1. NAME OF APPLICANT (example: FAMILY NAME, First Name, Middle Name)

PREFIX
LAST/FAMILY NAME
FIRST NAME
MIDDLE NAME

4. GENDER

5. PLACE OF BIRTH (city or town, country)

2. PERMANENT ADDRESS OF APPLICANT

6. DATE OF BIRTH

Month	Day	Year

7. COUNTRY OF PRESENT CITIZENSHIP

Telephone number: _____ Fax: _____
(city code) (number)

8. COUNTRY OF PRESENT RESIDENCE

E-mail address: _____

3. POSTAL ADDRESS OF APPLICANT

9. HAVE YOU HAD A FULBRIGHT GRANT IN THE PAST?

If YES, PLEASE INDICATE YEAR

10. EDUCATION List all post-secondary educational institutions attended, beginning with the most recent, including any in which you are currently enrolled. Copies of diplomas, academic transcripts, certificates, and English translations should be attached.

Name of institution, University or professional school, and location	Major field(s) of study	Dates attended (month and year)		Actual name of diploma or degree (do not translate)	Date received or expected
		From	To		
		/	/		/
		/	/		/
		/	/		/
		/	/		/

11. Name your **most significant** publications/honors/awards/projects/other accomplishments.

12. Field of Study

13. GIVE A 50-WORD SUMMARY OF YOUR PROPOSED PROGRAM PLAN (more complete plan to be outlined on page 3; be sure this summary captures the essence of your program plan).

14. CURRENT OCCUPATION

Organization

Your job title

Dates of Employment (month & year)

Name and address of your place of employment

15. Describe your current job responsibilities:

SAMPLE ONLY



Bio-Sheet B

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16. Previous positions held (begin with most recent):

Name & address of place of employment	Job Title	Dates of Employment	
		From (in years)	To

17. On a scale from 1-5, please select your computer proficiency level in the following areas:

- Word Processing
- Spreadsheets
- Email

18. Please indicate countries outside your own, including the United States, in which you have lived, travelled, or studied. Please list dates (months/years) and reasons for each visit. Please attach an additional sheet if necessary.

Country visited	Reason for visit (e.g. study, work, tourism, conference)	Dates of Visit	
		From (mo./yr.)	To (mo./yr.)
		/	/
		/	/
		/	/
		/	/

19. Person to be notified in case of emergency (in home country):

- Name of Contact Person
- Address - Street
- City
- State/Province
- Country
- Zip code

Telephone: ()

I certify that all information given in this application is complete and accurate to the best of my knowledge. I acknowledge that I have completely read and understood the Information and Application Instructions and I agree to comply with all regulations described there. I agree to abide by the Policies governing the selection of Fulbright/Humphrey grantees, as established by the J. William Fulbright Foreign Scholarship Board (FSB) (complete policies available at <http://exchanges.state.gov/education/fulbright/ffsb/policies/2004/>) which supercede all other documents relating to my application for a Humphrey Fellowship. I also agree to return to my home country upon the expiration of my program in the United States of America.

Date / /	Electronic Signature of Applicant
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Program Plan

3

Name of Applicant

Country

20. Please describe your major area of interest and explain how this area addresses the specific development needs of your country.

SAMPLE ONLY

21. Describe the type of Humphrey program you would like to design in order to meet these challenges. Indicate the kinds of academic course work, internship experiences, and/or professional training experiences you would like to undertake.

SAMPLE ONLY

22. Describe how the acquisition of new knowledge and skills will assist you in helping your country to achieve its development goals.

SAMPLE ONLY



Personal Statements A

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Name of Applicant

Country

23. Please describe how you have demonstrated a strong commitment to public service. (i.e. community, civic involvement or professional responsibilities, etc.)

SAMPLE ONLY

24. Please state your professional goals for the next five years and indicate how the training received under the Humphrey Program will contribute to you managerial skills, leadership ability, and commitment to public service.

SAMPLE ONLY



Personal Statements B

5

Name of Applicant

Country

25. Describe a problem or challenging situation that you resolved by using your initiative. What was the outcome? Please select this example carefully. It should illustrate something that you want the review panel to know about your problem-solving, leadership abilities, or commitment to public service.

SAMPLE ONLY

SAMPLE ONLY



Substance Abuse Field of Study 5A

NOTE: THIS PAGE SHOULD BE FILLED OUT ONLY BY THOSE APPLICANTS WHOSE PROPOSED FIELD OF STUDY IS SUBSTANCE ABUSE

Please contact the U.S. Embassy or the Binational Educational Commission in your country before completing the following.

1. Briefly describe what you know about current substance abuse problems in your country.

2. Briefly describe recent substance abuse research project(s) in which you have been engaged, the extent of your role in these project(s), and list any publications in connection with research work that you have done.

3. Briefly describe an area of substance abuse research that you would like to pursue based on the needs in your country.

SAMPLE ONLY



Personal Information

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I. PERSONAL FINANCIAL INFORMATION *(Indicate all funds in your local currency.)*

1. Your annual salary _____
 Income per year from other sources _____
 Indicate your local currency _____

2. Will your salary be continued during your stay in the U.S.? _____
 (If yes, what percentage?) _____

II. DEPENDENTS: The Hubert H. Humphrey Fellowship Program does not provide allowances for dependents.
 If your dependents accompany you, you will be responsible for providing all travel, adequate medical insurance, and support for them. **English/Orientation Centers cannot accommodate dependents.** Dependents may not arrive until you are settled in your academic program and have found housing (at least 30 days after your arrival at academic placement).

1. Marital Status _____

2. List the relationships and ages of any persons who will require financial assistance from you during your academic year in the U.S.

Name	Relationship	Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

3. Will any dependents be with you in the U.S.? _____
 (If yes, give name(s), relationship(s), date(s) of birth, and state how you intend to provide for them during your year of study in the U.S.)

Dependent Name	Relationship	Date of Birth
1. _____	_____	/ /
2. _____	_____	/ /
3. _____	_____	/ /
4. _____	_____	/ /

III. ENGLISH LANGUAGE PROGRAM

1. If required, will you be able to arrive for English language training as early as April? _____

2. Will you be able to obtain a leave of absence from your current position for a period of 11 months, or up to 14 months if you require English training? _____

3. When will you take a standardized test that assessed your English language ability, such as TOEFL?
 _____ / /

(If you have not scheduled this test before October 1, 2009, you must notify the Binational Educational Commission or U.S. Embassy in your home country **immediately**.)

IMPORTANT

1. An official TOEFL score (no more than two years old) is required for all countries except the English-speaking Caribbean.
2. You must indicate that you want your TOEFL score reports sent to: Institute of International Education (Hubert Humphrey Fellowship Program) Code Number 9616. You must be sure to indicate this code (9616) on the registration forms or on the answer sheets provided at the time you take the examination.
3. As soon as you receive your TOEFL score, report it to the Binational Educational Commission or U.S. Embassy.
4. Please sign below as authorization for IIE to receive your TOEFL score.

I hereby authorize the Institute of International Education to receive my TOEFL score report.

Date / /

Signature of Applicant



English Language

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NAME OF APPLICANT

COUNTRY OF RESIDENCE

A. HISTORY OF APPLICANT'S FORMAL STUDY OF ENGLISH

APPLICANT'S NATIVE (HOME) LANGUAGE

LEVEL	NUMBER OF YEARS	NUMBER OF MONTHS PER YEAR	NUMBER OF HOURS PER WEEK	NATIVE LANGUAGE OF INSTRUCTOR
SECONDARY SCHOOL				
UNIVERSITY				
PRIVATE STUDY				

B. ENGLISH LANGUAGE TESTS

Indicate the date on which you took or will take the official Test of English as a Foreign Language (TOEFL):

_____ / _____ / _____ **NOTE: All U.S. Universities require a TOEFL score taken within 2 years or less.**

Indicate the TOEFL score earned: _____

In addition, if you have recently taken or are planning to take one of the following English language proficiency tests, please indicate the test date and the score (with TOEFL conversion):

Institutional TOEFL (ITP): date: _____ / _____ / _____ score: _____

Please note: The ALIGU and Michigan Tests are not acceptable as pre-screening tools. The ITOEFL is the only acceptable for initial screening-, you still must provide an official TOEFL score report.

SAMPLE ONLY



English Language

7

NAME OF APPLICANT

COUNTRY OF RESIDENCE

A. HISTORY OF APPLICANT'S FORMAL STUDY OF ENGLISH

APPLICANT'S NATIVE (HOME) LANGUAGE

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SECONDARY SCHOOL				
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C. THIS SECTION TO BE COMPLETED BY ONE OF THE FOLLOWING:

(PURPOSE OF THIS REPORT: The person named is applying for a grant to enable him/her to study at an advanced level in his/her field at a university in the United States. Consideration must be given to the applicant's ability in English. This report form seeks a reliable evaluation of the applicant's **present** command of English, including comments as to additional language training which appears to be necessary.)

METHOD: Please indicate briefly how the evaluation was conducted. (Format, topics, length)

I. ABILITY: Check the appropriate options to indicate your opinion of the applicant's **present** ability in English from the standpoint of the language proficiency **usually needed for effective pursuit of graduate studies at a university in the United States.**

A. Speak English

C. Understands written English

B. Understands spoken English

D. Expresses thoughts in written English

II. ADDITIONAL TRAINING:

A. In your opinion, how much additional English training does this candidate require to undertake graduate-level study in U.S. institutions of higher learning? None Number of weeks _____ Number of months _____

B. What English language study is the candidate planning to take before coming to the U.S.?

EVALUATION AND REPORT PREPARED BY:

Name _____

Title _____

Address _____

Telephone Number _____ () _____

Signature _____ Date ____ / ____ / ____



**APPLICATION FOR ADMISSION TO THE
HUBERT H. HUMPHREY FELLOWSHIP PROGRAM
FOR MID-CAREER PROFESSIONAL DEVELOPMENT IN THE UNITED STATES**

8

CONFIDENTIAL LETTER OF REFERENCE FROM CURRENT EMPLOYER

This letter of reference must be written by the applicant's current supervisor in his/her professional position. If this letter is not written in English, an accurate translation must be attached.

Name of Applicant _____

Country of Residence _____

Name of Evaluator _____

Title of Evaluator _____

Organization or Employer _____

How long have you known the applicant? _____

Your Signature _____ Date ____ / ____ / ____

PROGRAM DESCRIPTION

The Humphrey Fellowship Program provides mid-career professionals from designated countries around the world with an opportunity to enhance their professional capabilities through participation in specialized 10-month programs developed specifically for small clusters of Humphrey Fellows at selected U.S. universities. Primary funding for the Humphrey Program is provided by the U.S. Government through the United States Department of State. The Institute of International Education (IIE) administers the program on behalf of the State Department.

The types of university programs arranged for Humphrey Fellows depart from a traditional discipline-oriented focus and have a problem-solving and experience-sharing emphasis. The programs are not degree-related and not aimed at providing scholarly preparation or basic training in a field. The objective is to provide Humphrey Fellows with an overall experience that broadens their perspectives, enhances their capability to assume greater career responsibilities, and provides opportunities to establish useful professional contacts. To accomplish these objectives, programs are designed to include various combinations of course work, independent projects, internships, consultations with U.S. faculty or experts, field trips, and seminars. Under the guidance of a designated faculty advisor or "coordinator," fellows plan programs that best suit their individual career development needs.

I. Please evaluate the applicant in comparison with other professionals whom you have known during your career.

Knowledge of Field - (has substantial educational background and or relevant experience that applicant can build upon during Fellowship.)	
Work Habits - (takes initiative, is self-motivated, defines goals demonstrates achievement.)	
Seriousness of Purpose - (is committed to making a difference/ impact in his/her professional field.)	
Commitment to National Development - (is dedicated to addressing the development needs of his/her country.)	
Resourcefulness and Initiative - (is able to identify needs and seek out resources in order to address those needs.)	
Emotional Maturity - (functions in a sensible manner. Takes responsibility for actions.)	
Adaptability to New Situations - (demonstrates ability to embrace change and flexibility to adjust to unfamiliar surroundings.)	
Leadership Qualities - (demonstrates potential in providing direction and guidance to others in order to achieve goals.)	



**APPLICATION FOR ADMISSION TO THE
HUBERT H. HUMPHREY FELLOWSHIP PROGRAM
FOR MID-CAREER PROFESSIONAL DEVELOPMENT IN THE UNITED STATES**

9

CONFIDENTIAL LETTER OF REFERENCE

This letter of reference must be written by a professional mentor, professor, or other associate outside the candidate's current work setting. Personal friends or family members are NOT acceptable references.
If this letter is not written in English, an accurate translation must be attached.

Name of Applicant _____

Country of Residence _____

Name of Evaluator _____

Title of Evaluator _____

Organization or Employer _____

Signature _____ Date ____ / ____ / ____

In what capacity have you known the applicant?
_____ If Other, please specify _____

How long have you known the applicant? _____

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