



U.S. Department of State  
**APPLICATION FOR TEACHING AND ADMINISTRATIVE  
 EXCHANGES AND SEMINARS ABROAD  
 2005-2006**



\*OMB Approved No. 1405-0114  
 Expires Date: 09/30/2005  
 Estimated Burden: 2 Hours

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

<b>First Choice Interview Site #:</b>	<b>City:</b>	<b>Second Choice Interview Site #:</b>	<b>City:</b>
<b>I. APPLICANT BASIC DATA</b>			
<b>A. Title</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.		<b>Name (last, first, middle)</b>	
		<b>F. U.S. Citizen:</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No	
		<b>G. U.S. Veteran:</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No	
<b>B. Complete Home Mailing Address (include number, street, city, state, zip code):</b>		<b>H. Disabled:</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No If so, please describe:	
<b>C. Home Telephone (area code, number):</b>  <b>Home Fax (area code, number):</b>  <b>Home E-mail:</b>		<b>I. Ethnicity (select one)</b>  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino	
<b>D. Date of Birth (month/date/year):</b>		<b>J. Race (select one or more of the following)</b> <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	
<b>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):</b>			
<b>II. APPLICATION FOR:</b>			
<input type="checkbox"/> year-long exchange <input type="checkbox"/> semester exchange <input type="checkbox"/> 6 week exchange <input type="checkbox"/> summer seminar <input type="checkbox"/> pilot/special initiative program*			
<b>*please refer to any special announcements for information about these programs</b>			
<b>A. Teaching Position:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  List countries in order of preference		1. 2. 3.	
<b>B. Administrative Exchange:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No List countries in order of preference  1. 2. 3.		<b>C. Summer Seminar Abroad:</b> List countries in order of preference  1. 2.	
<b>D. Would you consider placement in countries other than those you've listed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>E. Is your spouse applying for a position abroad through this program?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>1. If so, will you accept a position if no position is offered to your spouse?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. Are you and your spouse willing to be placed in different locations?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note:** Public reporting burden for this collection of information is estimated to average two (2) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is being collected to evaluate a candidate's eligibility and suitability to be matched with a foreign counterpart for the Fulbright Teacher and Administrator Exchange Program. Responses are voluntary; however, insufficient applicant data could disable successful matching. A federal agency may not conduct or sponsor, and the respondent is not required to respond to, a collection of information unless it displays a valid OMB control number. Send documents regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to A/RPS/DIR, U.S. Department of State, Washington, DC 20520.

III. MODERN FOREIGN LANGUAGE FLUENCY <i>(Applicants for seminar only need not complete this section.)</i>												
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 <i>(date)</i> :
B. Name and Address of School <i>(include number, street, city, state, zip code)</i> :		Telephone <i>(area code, number)</i> :
		Fax <i>(area code, number)</i> :
C. School Principal's or College Dean's Name <i>(include Dr., Mrs., Ms., or Miss)</i> :		
School Principal's or College Dean's Title:		Telephone <i>(area code, number)</i> :
D. Immediate Supervisor's Name <i>(include Dr., Mrs., Ms., or Miss)</i> :		
Immediate Supervisor's Job Title:		Telephone <i>(area code, number)</i> :
E. Approving Administrative Official's Name <i>(include Dr., Mr., Mrs., Ms., or Miss)</i> : 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 <i>(area code, number)</i> :
Name and Address of Approving Administrative Official's Institution <i>(include number, street, city, state, zip code)</i> :		

<b>VI. DAILY SCHEDULE FOR CURRENT YEAR</b> <i>(Administrator Exchange Applicants describe duties on separate sheets.)</i>					
<b>A. Subjects:</b> 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.	<b>Number of Teaching Hours Per Week</b>	<b>Grade Level and Age of Students</b>		<b>Number of Students</b>	
		<b>Grade</b>	<b>Age</b>		
<b>B. Additional Activities:</b> Describe workload other than a teaching position (e.g., counseling, supervision, curriculum development extra-curricular activities).	<b>Number of Teaching Hours Per Week</b>	<b>Grade Level and Age of Students</b>		<b>Number of Students</b>	
		<b>Grade</b>	<b>Age</b>		
<b>C. What is the best time to call you at school?</b>					
<b>D. Have you been absent more than six days per year in the last three years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
<b>VII. PREVIOUS EXPERIENCE/EMPLOYMENT</b>					
<b>A. List any full-time teaching/administrative experience, beginning with the most recent:</b>					
<b>Dates</b>		<b>Position Title</b>	<b>Name and Location</b>	<b>Full-Time Teaching Position</b>	
<b>From</b>	<b>To</b>			<b>Grade</b>	<b>Subject</b>
<b>B. List any experiences you have had studying, working or traveling abroad:</b>					
<b>Dates</b>		<b>Country</b>	<b>Purpose of Visit</b>		
<b>From</b>	<b>To</b>				
<b>C. List memberships in educational, professional, and civic associations:</b>					
<b>D. List awards and publications:</b>					

**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:

<b>X. SCHOOL OR COLLEGE INFORMATION</b>				
A. If school is primary or secondary, is it year-round? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of terms		
B. Dates of current school year terms: Fall (from: _____ to: _____)		) Spring (from _____ to: _____)		
C. No. of school teaching staff: _____		No. of faculty in department: _____		No. of students in institution
D. School type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Religious		E. School location: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural		
F. Description of school/college (include academic level, composition of student body, teaching method, resource materials, special features, etc.). Use additional sheet if necessary:				
<b>XI. ACCOMMODATIONS</b> <i>(Applicants for seminar and administrative exchanges only need not complete this section.)</i>				
<b>A. HOUSEHOLD MEMBERS</b> <i>(other than applicant):</i>				
Names	Relationship Code H: Husband W: Wife D: Daughter S: Son O: Other	Dates of birth of dependents 21 and below	To accompany on teaching assignment (Check One)	
			Yes	No
<b>B. HOUSING:</b>				
Are you willing to exchange housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Proximity to School (miles): _____		
If yes, type of accommodation: <input type="checkbox"/> House <input type="checkbox"/> Apartment		<input type="checkbox"/> Other (Describe) _____		
Number of rooms: _____		Number of bedrooms: _____		Number of beds: _____
Housing location: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		<input type="checkbox"/> Rural		
Is adequate public transportation available in the community?		Does it run between your home and your school?		
Do daily tasks in your community require use of a car, e.g., grocery shopping, doctor visits, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>XII. ESSAY</b>				
On no more than two additional pages, please write one essay addressing both A and B below:				
A. Provide a narrative picture of yourself. The essay should deal with your personal history, focusing on influences on your intellectual development, the educational and cultural opportunities (or lack of them) to which you have been exposed, and the ways in which these experiences have affected you. Also include your special interests and abilities.				
B. Describe your future career goals and plans, especially ways you plan to use your experience abroad in your professional work in this country and to enhance international education in your school/college and community.				

**XIII. PILOT/SPECIAL INITIATIVE PROGRAMS**

*(Applicants applying for pilot/special initiative programs only 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 in your lesson planning and classroom discussions.

F. Have you written papers, conducted research, or made presentations 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.
4. If required by my grant, I will travel on an airline designated for the transportation of 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 seminar program, administrative assignment, or pilot program, 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: (mm-dd-yyyy)** \_\_\_\_\_

**How did you first hear about the Fulbright Teacher and Administrator Exchange Program?**

_____ from a colleague at my school or college	_____ through a professional journal or other publication
_____ from a school or college administrator	_____ at my local library
_____ from a former participant of this program	_____ through a mailing from the Fulbright program
_____ from a friend	_____ other (please specify)
_____ at a conference	_____

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