



PARTICIPANT APPLICATION

2009-2010 EDMUND S. MUSKIE GRADUATE FELLOWSHIP PROGRAM

1. **Name** (As Written on Official Documents) _____
(Family Name) (First Name) (Middle Name)

2. **Country or Countries of Citizenship** _____

3. **Country of Legal Residence** _____

4. **Place of Birth** _____
(City or Town) (Country)

5. **Date of Birth** _____
(Month) (Day) (Year)

6. **Gender** Male Female

7. **Marital Status** Single Married **Citizenship(s) of Spouse** (If Applicable) _____

8. **In order to respond to required U.S. Government inquiries, please check the box below, on a voluntary basis, if you have the following disabilities:**

- Hearing Impairment
- Speech Impairment
- Visual Impairment (Legally Blind)
- Orthopedic Impairment
- Learning Disorder
- Other (Specify) _____

9. Current Contact Information

Address Type: Permanent Residence Dormitory Temporary Residence (Other Than Dormitory)

Street/Building Number _____ Apartment _____

City _____ Postal Index _____

Region _____ Country _____

Telephone () _____ Fax () _____ Email _____

Cell Phone (If Applicable) () _____

10. Permanent Home Address (If Different from Current)

Street/Building Number _____ Apartment _____

City _____ Postal Index _____

Region _____ Country _____

Telephone () _____ Fax () _____ Email _____

Cell Phone (If Applicable) () _____

Paperwork Reduction Act Statement:

The information gathered is used by the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) to inform program design, management, and funding. The information collection activity involved with the program is conducted pursuant to the mandate given to the U.S. Department of State under the terms and conditions of the Mutual Educational and Cultural Exchange Act of 1961, Public Law 87-256.

Public reporting burden for this collection of information is estimated to average forty-five minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, A/ISS/DIR, 1800 G St. NW, Washington, DC 20520

11. Work Address (If Applicable)

Name of Business _____

Title/Position _____

Street _____

City _____ Postal Index _____

Country _____ Telephone () _____ Fax () _____

12. Educational Background. In the table below, please list all universities, institutes, and special academic programs you have attended or are currently attending, with the most recent listed first. Transliterate directly from your native language into English spelling all words pertaining to your education. Do not use American equivalents unless you hold a degree from a U.S. academic institution.

Example

Institution and City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received or Expected
Moscow State University, Moscow	Department of Journalism	August 1990 - May 1995	Diploma	May 1995

13. Testing. If you have not taken the Test of English as a Foreign Language (TOEFL), Graduate Records Examinations (GRE), or the Graduate Management Admission Test (GMAT) and are selected as semi-finalist, you may be required to take the TOEFL and GRE or GMAT (*business administration applicants*) exams. The cost of these examinations will be covered by *this program*.
 If you have previously taken any of the above-mentioned examinations, please give your score and the date and place where you took the examination. Attach a copy of your score report to the application if available. If selected, you may be required to submit official test results via ETS directly to the programming agency.

TOEFL Score _____ Date (mm-dd-yyyy) _____ Location _____

GRE Score _____ Date (mm-dd-yyyy) _____ Location _____

GMAT Score _____ Date (mm-dd-yyyy) _____ Location _____

I have not taken the TOEFL, GRE, GMAT examination.

16. Preferred Length of Program (Please check the program length that you prefer. NOTE: approximately 40% of all finalists will be placed in one-year programs, including non-degree programs. You may be placed in a one-year program even if you do not specifically check this option.)

- One-Year Two-Year (including 15-16 month programs)

17. Proposed Field of Study (Check one):

NOTE: CITIZENS OF RUSSIA AND UKRAINE ARE ELIGIBLE ONLY FOR THE FOLLOWING FIELDS OF STUDY: BUSINESS ADMINISTRATION, ECONOMICS, LAW, PUBLIC ADMINISTRATION, AND PUBLIC POLICY.

- | | |
|---|--|
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Law |
| <input type="checkbox"/> Economics | <input type="checkbox"/> Library and Information Science |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Environmental Management | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> International Affairs | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Journalism and Mass Communications | |

18. How did you first learn about this program ?.

Please Check Only One:

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic Advisor | <input type="checkbox"/> IATP site | <input type="checkbox"/> Program |
| <input type="checkbox"/> Conference Booth | <input type="checkbox"/> Internet | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Educational Advising Center | <input type="checkbox"/> Programming agency | <input type="checkbox"/> Television |
| <input type="checkbox"/> Electronic listserv | <input type="checkbox"/> Lecture/Presentation | <input type="checkbox"/> University faculty/staff |
| <input type="checkbox"/> Friend/Colleague | <input type="checkbox"/> Newspaper/Advertisement | <input type="checkbox"/> U.S. Embassy |
| <input type="checkbox"/> Other (Please Specify): _____ | | |

19. Are you applying to any other sponsored educational exchange program for the upcoming academic year? Yes No

If yes, please specify _____

Name of Sponsoring Organization _____

20. Previous VISA Information

a. Have you previously traveled on a U.S. Government-sponsored or other U.S. exchange program? Yes No

If yes, please complete the following:

Name _____ Year(s) _____

Location in the U.S. _____ (City) _____ (State)

20. Previous VISA Information *(continued)*

b. Have you ever received a U.S. J-1 Visa ? Yes No

If yes, list dates showing exact duration of stay in the United States on a J-1 visa (*month-day-year - month-day-year*).

c. Have you ever received a U.S. F-1 Visa ? Yes No

If yes, list dates showing exact duration of stay in the United States on a F-1 visa (*month-day-year - month-day-year*).

d. Have you been in the U.S. for any other reason ? Yes No

If yes, please list the duration of stay in the United States, except for visits to the United States as a tourist (*month-day-year - month-day-year*).

21. Extra-Curricular Activities. Please list all volunteer positions, work experience, awards, and leadership positions you have held within the past four years.

22. How long did it take you to answer this application ? _____ minutes.