



FLO Professional Development Fellowship (PDF) Application Form

		MENT OF STATE ograms Services	FAMILY MEMBER EI	MPLOYME	ENT			
By submitting this application, if selected for funding, I consent to the publication of my name by the Department as a recipient of a FLO Professional Development Fellowship and to quote my comments about my experience in relevant publications.								
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			l Here					
Please read carefully and follow the be considered.			ations that are late, inco nstructions	omplete, or	r contain ii	neligible e	xpenses	will not
SECTION I: PERSONAL DATA								
Last Name		First Name				Title (Opti	ional)	
Email - Personal			Email - Work (Official -	· Optional)				
Check one:								
Eligible Family Member Spous	ie	[Member of Househo	old Partner				
Check all that apply:								
First-time fellowship applicant			Prior fellowship appl	icant				
Prior fellowship recipient (Sele	ct all applicable fellow	vship period(s))	:					
If you were a prior recipient, how did y	ou use your PDF? (m	naximum 250 cł	naracters)					
	,		,					
Employee Sponsor Last Name	Employee Sponsor	First Name	Employee Sponsor Email - Work (Official)					
Employee Sponsor Agency				Employee	Sponsor Ag	ropov "Otho	r"	
Employee Sponsor Agency				Employee	Sporisor Aç	gency Othe	:1	
(Make Selection)								
Employee Sponsor Post(s) of Assignment	during PDF Period			Dates of A	ssignment	during PDF	Period (MI	M/YYYY)
						to		
Is your spouse assigned to an unacc	ompanied tour (UT)	during the PD	F period?	1				1
Yes Where will you resid	de overseas during P	DF period?						

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SECTION II: PROPOSAL DESCRIPTION
A. Project Type
Please select one (For more than one select "Other")
B. Proposal Synopsis
Include only project activities that take place during the fellowship period (maximum 400 characters)
C. Background
Summary of your professional background (maximum 1700 characters)
Current challenges in pursuing career goals (maximum 1700 characters)

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SECTION III: DETAILED DESCRIPTION			
		. Include links for activities and costs in the	ne chart below your
Name of Provider	Link to Project Activit	ty Link 1	to Cost
	-		

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SECTION/: BUDGET						
Include only eli Please see instr	gible project expenses for activities that occur during the fellowship period.					
1. Iter	nized breakdown of allowable reimbursable project expenses:					
	Total Reimbursable Project Expenses		1			
2 Ca	2 Calculate minimum amount of Applicant Responsibility and Requested Fellowship Amount:					
	Total Reimbursable Project Expenses (from #1. above)		Α			
	25% Applicant Responsibility: A x 25%		В			
	A - B		С			
	Enter Requested Fellowship Amount*		D			
	Remaining Additional Self-Funded Costs (if any) C - D		E			
	* Maximum reimbursable PDF fellowship amount is \$2,500 and minimum is \$1,000.					
SECTION V: CO	OMPLETION CONTRACTOR OF THE PROPERTY OF THE PR					
Future plans if	ffered fellowship (maximum 500 characters):					
**Please save	rour application as LastNameFirstInitial (ie. Jane Doe = DoeJ.pdf) and email to the ac	Idress listed in the	ISTRUCTIONS.			
**Applications expenses will r	are due to FLO no later than the date indicated in the instructions. Applications that ot be considered.	are late, incomplete,	or contain ineligible			

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 2.75 hours 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 Family Liaison Office, 2201 C Street NW, Room 2133, Washington, DC 20520.

Privacy Act Statement

AUTHORITIES: The information is sought pursuant to 22 U.S.C. § 4026(b) (Establishment of the Family Liaison Office), 22 U.S.C. § 2651a (Organization of the Department of State), and 22 U.S.C. § 3921 (Management of the Foreign Service).

PURPOSE: The information solicited on this form will be used to award Professional Development Fellowships to Eligible Family Members and Members of Household of employees of U.S. foreign affairs agencies to support them in their effort to develop, maintain, and/or refresh their professional skills while overseas.

ROUTINE USES: Uses for the system can be found in the System of Records Notice, State-31, Human Resources Records.

DISCLOSURE: Providing this information is voluntary. However, failure to provide the information requested on this form may affect the applicant's eligibility to participate in the PDF program.

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