

GCLO Professional Development Fellowship (PDF) Application Form

GCL	O Family	Member	Emp	oloyme	nt
By submitting this application, if selected Professional Development Fellowship a	and to quote my comments about my e	experience in relevant publi	, ications.		
Please read carefully and follow the be considered.	instructions linked below. Application PDF Form Ins		ete, or contain i	neligible expenses	will not
SECTION I: PERSONAL DATA					
Last Name	First Name			Title (Optional)	
Email - Personal	E	imail - Work <i>(Official - Opti</i>	ional)		
Check one:	I				
Eligible Family Member Spous	ie 🗌	Member of Household Pa	artner		
Check all that apply:					
First-time fellowship applicant		Prior fellowship applicant			
		1			
	ct all applicable fellowship period(s)):				
If you were a prior recipient, how did y	ou use your PDF? (maximum 250 char	acters)			
				•	
Employee Sponsor Last Name	Employee Sponsor First Name	Employee Sponsor Em	all - Work (Officia	al)	
Employee Sponsor Agency		Em	ployee Sponsor A	gency "Other"	
				gency Other	
(Make Selection)					
Employee Sponsor Post(s) of Assignment	during PDF Period	Date	es of Assignment	during PDF Period (N	IM/YYYY)
				to	
Is your spouse assigned to an unacce	ompanied tour (UT) during the PDF	period?			
Yes Where will you resid	de overseas during PDF 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)

SECTION III: DETAILED DESCRIPTION OF PROPOSED PROJECT

hclude only project activities that take place during the fellowship period. hclude links for activities and costs in the chart below your description. (maximum 3000 characters total)

Name of Provider	Link to Project Activity	Link to Cost
DS-4297		Page 3 of 4

Image: Second state of the second s	num amount of Applicant Responsibility and Requested Fellowship Amount:
2 Calculate minimum amount of Applicant Responsibility and Requested Fellowship Amount: Total Reimbursable Project Expenses (from #1. above) A 25% Applicant Responsibility: A x 25% B A - B C 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.	num amount of Applicant Responsibility and Requested Fellowship Amount:
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	Additional Self-Funded Costs (if any) C - D
	reimbursable PDF fellowship amount is \$2,500 and minimum is \$1,000.
ure plans if offered fellowship (maximum 500 characters):	ship (maximum 500 characters):

**Applications are due to GCLO no later than the date indicated in the instructions. Applications that are late, incomplete, or contain ineligible expenses will not be considered.

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 Global Community 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.