



# GCLO Professional Development Fellowship (PDF) Application Form



## Family Member Employment

By submitting this application, if selected for funding, I consent to the publication of my name by the Department as a recipient of a GCLO Professional Development Fellowship and to quote my comments about my experience in relevant publications.

Initial Here

**Please read carefully and follow the instructions linked below. Applications that are late, incomplete, or contain ineligible expenses will not be considered.**  
[PDF Form Instructions](#)

### SECTION I: PERSONAL DATA

|                  |            |                                    |
|------------------|------------|------------------------------------|
| Last Name        | First Name | Title (Optional)                   |
| Email - Personal |            | Email - Work (Official - Optional) |

**Check one:**

- Eligible Family Member Spouse                       Member of Household Partner

**Check all that apply:**

- First-time fellowship applicant                       Prior fellowship applicant
- Prior fellowship recipient (Select all applicable fellowship period(s)): \_\_\_\_\_

If you were a prior recipient, how did you use your PDF? (maximum 250 characters)

|  |                             |   |    |  |
|--|-----------------------------|---|----|--|
| Employee Sponsor Last Name                               | Employee Sponsor First Name | Employee Sponsor Email - Work (Official)        |    |  |
| Employee Sponsor Agency                                  |                             | Employee Sponsor Agency "Other"                 |    |  |
| (Make Selection)   |                             |   |    |  |
| Employee Sponsor Post(s) of Assignment during PDF Period |                             | Dates of Assignment during PDF Period (MM/YYYY) |    |  |
|  |                             |   | to |  |

**Is your spouse assigned to an unaccompanied tour (UT) during the PDF period?**

- Yes                      Where will you reside overseas during PDF period? \_\_\_\_\_

**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**

Include only project activities that take place during the fellowship period. Include 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 |
|------------------|--------------------------|--------------|
|                  |                          |              |
|                  |                          |              |
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