



**STUDENT PROGRAM  
FOREIGN FULBRIGHT GRANT APPLICATION COVER SHEET**

**NAME:**

*Last*

*First*

*Middle*

*Previous Name*

**PERMANENT  
ADDRESS:**

**COUNTRY OF CURRENT CITIZENSHIP:**

**COUNTRY OF BIRTH:**

**DATE OF  
BIRTH:**

**MALE**

**FEMALE**

**MOST RECENT POSITION/STATUS:**

*Since*

**MOST RECENT AFFILIATION:**

*Until*

**ACADEMIC DEGREES**

*Degree*

*Major*

*Date Received*

*Institution*

**FELLOWSHIPS AND HONORS**

**PUBLICATIONS AND RESEARCH**

**DEGREE OBJECTIVE:**

Bachelor's

Master's

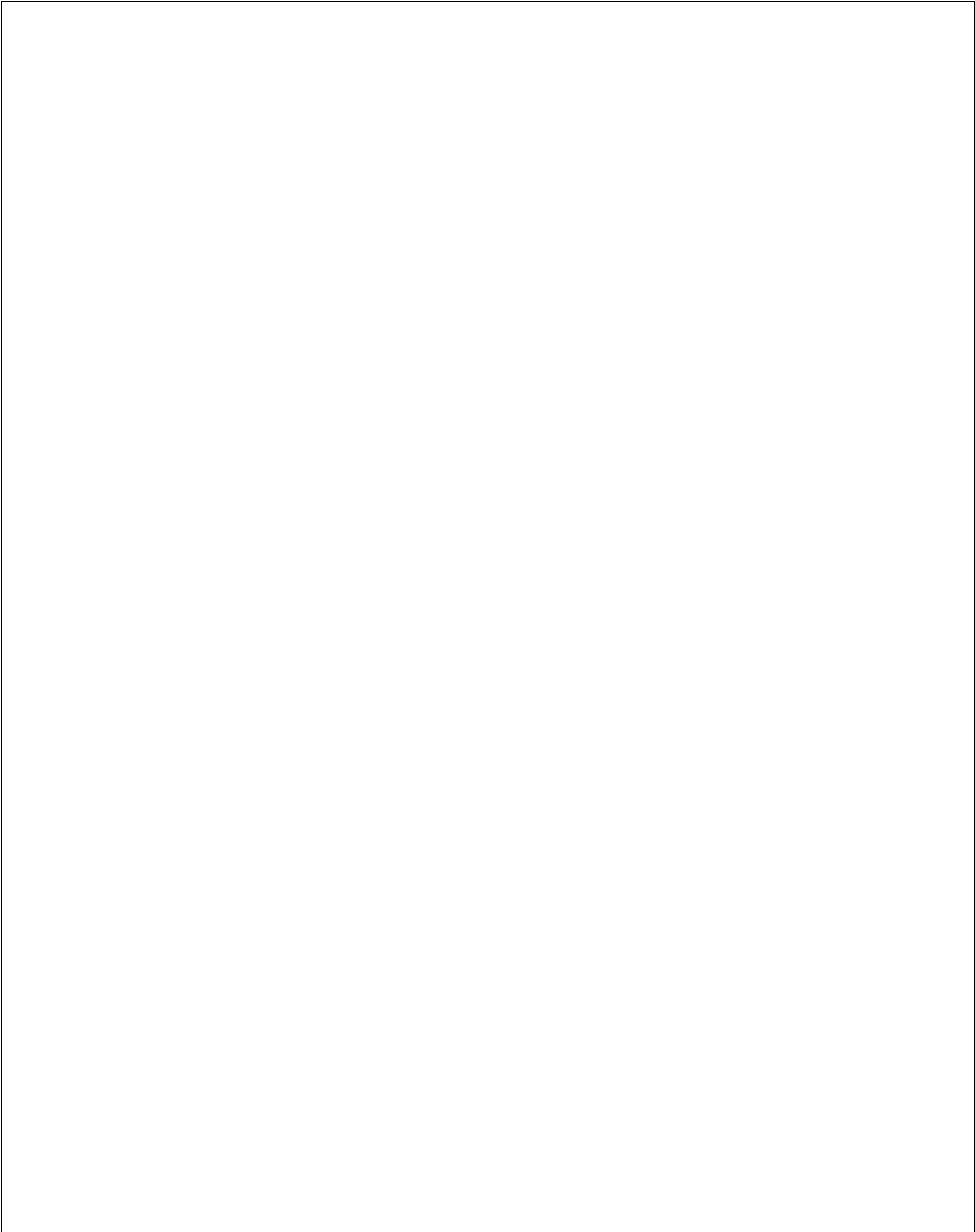
Doctorate

Non-degree

Visiting Student Researcher

**PROPOSED FIELD OF STUDY AND DESCRIPTION OF YOUR STUDY OBJECTIVES** (*Do Not Attach Additional Sheet*)

**FUTURE PLANS** (*Upon Return to your Home Country*)





# FULBRIGHT PROGRAM

## APPLICATION FOR STUDY IN THE UNITED STATES

(Please read instructions carefully. All sections should be completed in English and be typewritten.)

### GENERAL INFORMATION

1. NAME (As it appears or will appear on your passport)

Mr.   
Ms.

Family

First

Middle

2. NAME ON PREVIOUS ACADEMIC RECORDS: (If different from above)

Do not complete shaded area. For IIE use only.

|   |   |  |  |
|---|---|--|--|
| Valid Until   | <b>3. CURRENT MAILING ADDRESS:</b> Institute of International Education<br>C/O<br>809 United Nations Plaza<br>New York, NY 10017-3580<br>Tel: 212 984-<br>Fax: 212 984-5395<br>E-mail: @iie.org | <b>4. PERMANENT MAILING ADDRESS:</b>   |  |
|   |   | Street:  | City:  |
|   |   | State/Province:  | Postal Code:   |
|   |   | Country:   |  |
| <b>5. DATE OF BIRTH:</b> (Month-Day-Year)             |   | <b>6. GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female    |  |
| <b>7. BIRTHPLACE:</b> (City, State/Province, Country) |   | <b>10 DO YOU NOW HAVE, OR HAVE YOU EVER HELD:</b>                                  |  |
| <b>8. COUNTRY OF CITIZENSHIP</b>                      |   | U.S. CITIZENSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No         | DUAL CITIZENSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>9. COUNTRY OF RESIDENCE:</b>                       |   | U.S. PERMANENT RESIDENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

### STUDY PLANS

11. DEGREE OBJECTIVE:  Bachelor's  Master's  Doctorate  Non-Degree  Visiting Student Researcher

12. WHAT IS YOUR PROPOSED MAJOR FIELD OF STUDY? BRIEFLY DESCRIBE THE SPECIFIC AREA OF YOUR FIELD IN WHICH YOU PLAN TO SPECIALIZE?

13. FUTURE PLANS: (Describe the career you plan to pursue after completion of study or research in the U.S. (e.g., teaching, government, business, industry or any plans you might have for continued study or research in your home country). Also indicate if you will be returning to former employment, or if you have been promised a position in your home country after completing your U.S. training).

**EDUCATION**

14. LIST EDUCATIONAL INSTITUTIONS ATTENDED IN REVERSE CHRONOLOGICAL ORDER, INCLUDING ANY IN WHICH YOU MAY BE PRESENTLY ENROLLED:

| INSTITUTION AND LOCATION<br>(List in reverse order and write name in full) | MAJOR FIELD OF STUDY | DATES<br>(Month and Year) |    | ACTUAL NAME OF DEGREE OR DIPLOMA<br>(Do not translate) | DATE RECEIVED OR EXPECTED |
|--|----------------------|---------------------------|----|--|---------------------------|
|  |                      | From                      | To |  |                           |
|  |                      |                           |    |  |                           |
|  |                      |                           |    |  |                           |
|  |                      |                           |    |  |                           |
|  |                      |                           |    |  |                           |
|  |                      |                           |    |  |                           |

15. LIST SCHOLARSHIPS OR FELLOWSHIPS HELD AT PRESENT OR IN THE PAST (Give source or sponsor, amount, where held, and duration.)

16. INDICATE ANY ACADEMIC HONORS OR PRIZES WHICH YOU HAVE RECEIVED, WITH TITLES AND DATES

17. LIST ANY BOOKS, ARTICLES OR THESES PUBLISHED BY YOU, ESPECIALLY IN YOUR PROPOSED FIELD OF STUDY (Give title, place and date of publication)

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18. LIST PROFESSIONAL SOCIETIES, FRATERNITIES OR OTHER ORGANIZATIONS IN WHICH YOU NOW HOLD MEMBERSHIP OR IN WHICH YOU HAVE BEEN ACTIVE IN THE PAST (Indicate if you have held an elective office.)

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19. TEACHING EXPERIENCE: (Including any teaching positions you have held or currently hold.)

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20. RESEARCH: (Including any research you have completed or in which you are currently involved.)

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**OCCUPATIONAL EXPERIENCE**

21. IDENTIFY YOUR CURRENT POSITION OR OCCUPATION. (Write the position title which best describes the activity in which you are currently involved.)

22. OCCUPATIONAL EXPERIENCE: (List positions held, beginning with the most recent employment, if any. Please add information for the last 5 years)

| NAME AND ADDRESS OF EMPLOYER | TITLE/TYPE OF WORK | DATES (Month and year) |    |
|------------------------------|--------------------|------------------------|----|
|                              |                    | From                   | To |
|                              |                    |                        |    |
|                              |                    |                        |    |
|                              |                    |                        |    |

23. KNOWLEDGE OF LANGUAGES: (Rate yourself Excellent, Good or Fair. Include all languages in which you have some competence.)

Mother Tongue \_\_\_\_\_

| LANGUAGE | READING | WRITING | SPEAKING |
|----------|---------|---------|----------|
| English  |         |         |          |
|          |         |         |          |
|          |         |         |          |
|          |         |         |          |

24. HOW MANY YEARS HAVE YOU STUDIED ENGLISH? \_\_\_\_\_

**EXAMINATION RESULTS**

25. EXAMINATION DATES AND TEST SCORES: (Date if taken or future date for taking exams (Month/Year))

| Date            | Score | Percentile | Date         | Verbal Score | %     | Quantitative Score | %     | Analytical Score | %     |
|-----------------|-------|------------|--------------|--------------|-------|--------------------|-------|------------------|-------|
| TOEFL           | _____ | _____      | GRE          | _____        | _____ | _____              | _____ | _____            | _____ |
| TSE             | _____ | _____      | General Exam | _____        | _____ | _____              | _____ | _____            | _____ |
| TWE             | _____ | _____      | Date         | Score        | %     | Subject Name       |       |                  |       |
| GMAT            | _____ | _____      |              |              |       |                    |       |                  |       |
| Other           | _____ | _____      |              |              |       |                    |       |                  |       |
| Other Test Name |       |            | GRE          | _____        | _____ | _____              | _____ | _____            | _____ |
|                 |       |            | Subject Exam | _____        | _____ | _____              | _____ | _____            | _____ |

26 IF YOU HAVE TRAVELLED, LIVED, OR STUDIED IN ANY COUNTRY OTHER THAN YOUR OWN FOR MORE THAN A MONTH, INDICATE PLACES, DATES AND REASONS, (Education, research, business, vacation, etc.)

27 EMERGENCY CONTACT: NAME, ADDRESS AND TELEPHONE NUMBER OF INDIVIDUALS TO BE NOTIFIED IN CASE OF AN EMERGENCY:  
**IN YOUR HOME COUNTRY** **IN THE UNITED STATES**

NAME:

COUNTRY:

28.

### STUDY RESEARCH OBJECTIVES

Write a clear and detailed description of your study objectives and give your reasons for wanting to pursue them. Be specific about your major field and your specialized interests within this field. Describe the kind of program you expect to undertake, and explain how your study plan fits in with your previous training and your future objectives. This statement is an essential part of your application.. **Do not mention specific U.S. universities at which you would like to study.** NOTE: Please limit your response to the size of this text box.

NAME:

COUNTRY:

29.

### PERSONAL STATEMENT

This personal statement should be a narrative statement describing how you have achieved your current goals. It should not be a mere listing of facts. It should include information about your education, practical experience, special interests, and career plans. Describe any significant factors that have influenced your educational or professional development. Comment on the number of years of practical experience already completed in the field in which academic work will be done in the U.S. **Do not mention specific U.S. universities at which you would like to study.**

**NOTE: Please limit your response to the size of this text box of fifty lines of text.**

NAME:

COUNTRY:

30.

### ADDITIONAL INFORMATION

Please refer to the instructions from your Fulbright Program Office. It is possible that the Fulbright Program Office in your home country will have specific information that it would like you to include on this page. If the Program Office does not have specific requirements, then in this section you may want to attach a **professional resume** (usually required for professional degrees such as law and MBA's) or a complete **curriculum vitae** (sometimes required for students pursuing theoretical academic fields).

**NOTE: Please limit your response to the size of this text box of fifty lines of text.**





|                             |                |
|-----------------------------|----------------|
| NAME: _____                 | COUNTRY: _____ |
| <b>PERSONAL INFORMATION</b> |                |

**31. CURRENT MAILING ADDRESS**

STREET: \_\_\_\_\_ Apt #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

POSTALCODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE :# \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**32. NATIONAL IDENTIFICATION # (if applicable):**

**33. MARITAL STATUS:**

**34. NUMBER OF DEPENDENTS: (spouse and children)**

**35. PLEASE DESCRIBE ANY PHYSICAL IMPAIRMENT YOU MAY HAVE. (This information is gathered for statistical purposes and to ensure appropriate placement. The Fulbright Program does not discriminate on the basis of race, color, religion, sex, national origin, and/or physical impairment.)**

**36. OTHER SCHOLARSHIPS:** Indicate if you are planning to apply for a fellowship, scholarship, assistantship or other educational grant or loan from another organization, government or educational institution. *(This information will not prejudice your application.)*

**37. REFERENCES:** List the names of persons from whom you have requested letters of reference.

| NAME | POSITION | E-MAIL ADDRESS |
|------|----------|----------------|
| I.   |          |                |
| II.  |          |                |
| III. |          |                |

**38. PROPOSED LENGTH OF STAY IN THE U.S**

**39. APPROXIMATE ARRIVAL DATE:**

**40. HOW DID YOU LEARN OF THIS FULBRIGHT COMPETITION? (Please indicate all that apply.)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Friend or relative   | <input type="checkbox"/> University (Specify)        | <input type="checkbox"/> Fulbright Website |
| <input type="checkbox"/> Previous Fulbrighter | <input type="checkbox"/> Newspaper (Specify)         | <input type="checkbox"/> Internet Link     |
| <input type="checkbox"/> Poster/Flyer         | <input type="checkbox"/> Other Publication (Specify) | <input type="checkbox"/> Other (Specify)   |



NAME OF APPLICANT: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**PERSONAL FINANCIAL INFORMATION FORM**

Because some scholarships provide only for part of the cost of an academic year in the United States, it is necessary to know what portion of the total expenses you and your family can pay from personal funds.

**INDICATE ALL FUNDS IN U.S. CURRENCY**

| 41                                | <p><b>FUNDS AVAILABLE FOR YOUR <u>FIRST YEAR</u> OF STUDY IN THE UNITED STATES (U.S. Dollars)</b></p> <p>(a) <u>Family Funds</u></p> <p>1. Father's occupation: _____ Mother's occupation: _____ Spouse's occupation: _____</p> <p>2. What is the total amount your family can provide for your FIRST YEAR of study in the U.S.? \$ _____</p> <p>b) <u>Your Own Funds</u></p> <p>What is the total amount you can provide from your own funds for your FIRST YEAR of study in the U.S.? \$ _____</p> <p>(c) <u>Other Funds</u></p> <p>Have you been awarded or do you expect to receive financial assistance from a university or institution in your home country in the U.S. or from any other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If so, identify the source and indicate the estimated amount?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:left;">Source</th> <th style="text-align:left;">Estimated Amount</th> <th></th> </tr> </thead> <tbody> <tr> <td> </td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td> </td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2" style="text-align:right;"><b>Subtotal of C</b></td> <td>\$ _____</td> </tr> <tr> <td colspan="2" style="text-align:right;"><b>GRAND TOTAL OF A, B, and C</b></td> <td>\$ _____</td> </tr> </tbody> </table> | Source           | Estimated Amount |                    |          | \$ _____        | \$ _____ |                            | \$ _____        | \$ _____ | <b>Subtotal of C</b> |  | \$ _____ | <b>GRAND TOTAL OF A, B, and C</b> |  | \$ _____ |
|-----------------------------------|--|------------------|------------------|--------------------|----------|-----------------|----------|----------------------------|-----------------|----------|----------------------|--|----------|-----------------------------------|--|----------|
| Source                            | Estimated Amount   |                  |                  |                    |          |                 |          |                            |                 |          |                      |  |          |                                   |  |          |
|                                   | \$ _____   | \$ _____         |                  |                    |          |                 |          |                            |                 |          |                      |  |          |                                   |  |          |
|                                   | \$ _____   | \$ _____         |                  |                    |          |                 |          |                            |                 |          |                      |  |          |                                   |  |          |
| <b>Subtotal of C</b>              |  | \$ _____         |                  |                    |          |                 |          |                            |                 |          |                      |  |          |                                   |  |          |
| <b>GRAND TOTAL OF A, B, and C</b> |  | \$ _____         |                  |                    |          |                 |          |                            |                 |          |                      |  |          |                                   |  |          |
| 42                                | <p><b>FUNDS AVAILABLE AFTER YOUR FIRST YEAR OF STUDY IN THE UNITED STATES</b></p> <p>(a) If you remain for more than a year would the same amount of money as indicated in "GRAND TOTAL" above be available for your SECOND YEAR of study in the U.S.? <span style="float:right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span></p> <p>(b) If "No" please specify the amount that will be available to you the SECOND YEAR:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1. Family Funds:</td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td>2. Your Own Funds:</td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td>3. Other Funds:</td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td style="text-align:right;"><b>TOTAL of 1, 2 and 3</b></td> <td style="text-align:right;"><b>\$ _____</b></td> </tr> </table>   | 1. Family Funds: | \$ _____         | 2. Your Own Funds: | \$ _____ | 3. Other Funds: | \$ _____ | <b>TOTAL of 1, 2 and 3</b> | <b>\$ _____</b> |          |                      |  |          |                                   |  |          |
| 1. Family Funds:                  | \$ _____   |                  |                  |                    |          |                 |          |                            |                 |          |                      |  |          |                                   |  |          |
| 2. Your Own Funds:                | \$ _____   |                  |                  |                    |          |                 |          |                            |                 |          |                      |  |          |                                   |  |          |
| 3. Other Funds:                   | \$ _____   |                  |                  |                    |          |                 |          |                            |                 |          |                      |  |          |                                   |  |          |
| <b>TOTAL of 1, 2 and 3</b>        | <b>\$ _____</b>  |                  |                  |                    |          |                 |          |                            |                 |          |                      |  |          |                                   |  |          |
| 43                                | <p><b>TRAVEL FUNDS (Do <u>not</u> include funds specified in Sections 41 and 42 above)</b> <span style="float:right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span></p> <p>(a) Can you pay for your round-trip travel to the U.S. if necessary?</p> <p>(b) Specify the amount you have available for round-trip travel: \$ _____</p>   |                  |                  |                    |          |                 |          |                            |                 |          |                      |  |          |                                   |  |          |
| 44                                | <p><b>DEPENDENTS</b></p> <p>The Foreign Fulbright Student Program does not provide for dependents. THE FULBRIGHT PROGRAM CANNOT BE RESPONSIBLE IN ANY WAY FOR DEPENDENTS ACCOMPANYING YOU TO THE U.S. Should dependents accompany you, you will be responsible for providing travel, adequate insurance, and support for them.</p> <p>(a) List the relationships and ages of any persons who will require financial assistance from you during your stay in the U.S.:</p> <p>(b) Will these dependents accompany you to the U.S.? <span style="float:right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span></p> <p>If "Yes", state how you intend to provide for them during your year of study in the U.S.:</p>  |                  |                  |                    |          |                 |          |                            |                 |          |                      |  |          |                                   |  |          |

|   |          |
|---|----------|
| NAME:   | COUNTRY: |
| <b>UNIVERSITY PREFERENCES</b>   |          |
| <p>It is not a requirement nor is it expected for you to identify U.S. institutions at which you would like to study. However, if you do have preferences, please list in priority order three schools of your choice. Indicate specific departments and/or programs. Give specific reasons for each choice. If you have been in contact with professors, please provide names, email, and/or phone contacts for each one. Your preferences will be taken into consideration insofar as possible.</p> |          |

**45. MOST HIGHLY PREFERRED INSTITUTIONS**

| UNIVERSITY | DEPARTMENT | DEGREE | SPECIALIZATION/<br>CONCENTRATION | SPECIFIC REASONS<br>AND CONTACTS |
|------------|------------|--------|----------------------------------|----------------------------------|
| 1.         |            |        |                                  |                                  |
| 2.         |            |        |                                  |                                  |
| 3.         |            |        |                                  |                                  |

**46. OTHER INSTITUTIONS IN WHICH YOU MAY BE INTERESTED**

Please list any other U.S. institutions and departments in which you also may be interested. Feel free to share other information that you think might be helpful, e.g. preference for a geographic location, climate, etc.

**47. It is not expected that you will apply for admission by direct application or correspondence with a university in the United States.**

If, however, you have already submitted an application form directly to any universities in the U.S., list the names of these institutions below and indicate the response you have received, if any. Please attach letters of admission, letters of invitation, and deferral requests to your application.

| University/Department | Date of Application | Response to Application |
|-----------------------|---------------------|-------------------------|
|                       |                     |                         |



# STUDENT INFORMATION CARD

## DEMOGRAPHICS

NAME  
 Mr.  
 Ms.

|                  |     |      |                   |                           |
|------------------|-----|------|-------------------|---------------------------|
| 3. DATE OF BIRTH |     |      | 3. MARITAL STATUS | 4. COUNTRY OF CITIZENSHIP |
| MONTH            | DAY | YEAR |                   |                           |
|                  |     |      |                   |                           |

(FAMILY NAME) (FIRST) (MIDDLE)  
 5. PERMANENT ADDRESS

6. PRESENT POSITION OR AFFILIATION

(STREET)

(CITY) (PROVIDENCE/STATE) (COUNTRY)

(TELEPHONE) (E-MAIL)

| 7. INSTITUTIONS ATTENDED | DATES ATTENDED | DEGREE, DIPLOMA, ETC. | DATE RECEIVED OR EXPECTED |
|--------------------------|----------------|-----------------------|---------------------------|
|                          |                |                       |                           |
|                          |                |                       |                           |
|                          |                |                       |                           |

**Do not write below this line. For office use only**

## DEGREE OBJECTIVE

|                |           |                      |                  |                |  |
|----------------|-----------|----------------------|------------------|----------------|--|
| STUDENT ID     | PRIORITY# | PROGRAM #DESIGNATION | TAX CODE         | PERSONAL FUNDS |  |
| FIELD          | DEGREE    | PROG. ADMIN.         | PLACEMENT ADMIN. | CASH TRAVEL    |  |
| SPECIALIZATION |           |                      |                  |                |  |

## SUBMISSIONS

| SEND BY | CODE | INSTITUTION | DEPARTMENT/DIVISION | MAJOR DEGREE | SENT | RESULT |
|---------|------|-------------|---------------------|--------------|------|--------|
|         |      |             |                     |              |      |        |
|         |      |             |                     |              |      |        |
|         |      |             |                     |              |      |        |
|         |      |             |                     |              |      |        |
|         |      |             |                     |              |      |        |

PLACEMENT INSTITUTION

| INSTITUTIONS REQUESTED |  | UNIVERSITY |  | DEPARTMENT |  |
|------------------------|--|------------|--|------------|--|
|                        |  |            |  |            |  |
|                        |  |            |  |            |  |
|                        |  |            |  |            |  |

## IIE NOTES

|   |                 |                    |
|---|-----------------|--------------------|
| ENGLISH TRAINING <input type="radio"/> YES <input type="radio"/> NO | DATE AVAILABLE: | MISSING DOCUMENTS: |
| ASSIGNMENT:   | REP DATE:       |                    |

|                         |                    |
|-------------------------|--------------------|
| TOEFL<br>____/____      | GRE<br>____/____   |
| TSE<br>TWE<br>____/____ | GMAT<br>____/____  |
| OTHER<br>____/____      | OTHER<br>____/____ |

## EVALUATION & COMMENTS

ENGLISH TERMS SENT:                      ACADEMIC TERMS SENT:                      FILE TO RO

NAME:

COUNTRY:

**SIGNATURE FORM**

**INSTRUCTIONS: You must sign and date this form and forward it to the Fulbright Program Office in your home country.**

**By my signature,**

*I authorize the Fulbright Program Office or its administrative agency:*

- 1) to receive, and/or to request my TOEFL, TSE, TWE, GRE, SAT, Achievement Test scores or any other test score reports;
- 2) to send any of the above score reports to U.S. institutions on my behalf;
- 3) to apply on my behalf to U.S. institutions;
- 4) to request and receive information on the status of my application, including financial aid, from U.S. institutions; and,
- 5) to accept and decline offers of admission and financial aid on my behalf.

**AND**

I certify that the information given in this application is complete and accurate to the best of my knowledge.

I understand that I am not entitled to hold, nor do I hold, U.S. citizenship or permanent residence.

I understand that formal award of a grant is dependent upon my acceptance to a U.S. institution for study and my eligibility for a visa to the United States.

Upon the completion of an authorized stay in the United States under the Fulbright Student Program, I agree to return to my home country for two (2) years to fulfill my home residency requirement.

Signature

Date (Month/Day/Year)