



FULBRIGHT STUDENT PROGRAM

APPLICATION FOR STUDY IN THE UNITED STATES

GENERAL INFORMATION

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

Family

First

Middle

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

Do not complete shaded area. For Fulbright Program use only.

3. CURRENT MAILING ADDRESS: Institute of International Education
C/O
809 United Nations Plaza
New York, NY 10017-3580
Tel: 212 984-
Fax: 212 984-5395
Email: @ile.org

Valid Until _____

4. PERMANENT MAILING ADDRESS:

Street _____

City _____

State/Province _____ Postal Code _____

State/Province (outside US) _____

Country _____

5. DATE OF BIRTH: (Month/Day/Year) _____ / _____ / _____

6. GENDER: _____

7. BIRTHPLACE: (City, State/Province, Country) _____

10. DO YOU NOW HAVE, OR HAVE YOU EVER HELD:

U.S. CITIZENSHIP? _____

U.S. DUAL CITIZENSHIP? _____

U.S. PERMANENT RESIDENCY? _____

8. COUNTRY OF CITIZENSHIP: _____

9. COUNTRY OF RESIDENCE: _____

STUDY PLANS

11. WHICH APPLICATION CYCLE ARE YOU APPLYING TO?

DEGREE OBJECTIVE:

12. WHAT IS YOUR PROPOSED MAJOR FIELD OF STUDY? BRIEFLY DESCRIBE THE SPECIFIC AREA OF THE 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 <i>(List in reverse order. Write name in full. Do not abbreviate)</i>	MAJOR FIELD OF STUDY	DATES (Month/Year)		ACTUAL NAME OF DEGREE OR DIPLOMA <i>(Do not translate)</i>	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.)*

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.)*

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

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



OCCUPATIONAL EXPERIENCE

21. IDENTIFY YOUR CURRENT POSITION OR OCCUPATION. (Select 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)

NAME AND ADDRESS OF EMPLOYER	TITLE/TYPE OF WORK	DATES (Month/Year)	
		From	To
		/	/
		/	/
		/	/

23. LANGUAGE SKILLS: (Rate yourself Excellent, Good, Fair, or Poor include all languages in which you have some competence.)

Mother Tongue _____

LANGUAGE	READING	WRITING	SPEAKING	YEARS STUDIED
English				

EXAMINATION RESULTS

24. 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 General Exam	/					
TSE /									
TWE /									
GMAT /									
Other /			GRE Subject Exam	Date	Score	%	Subject Name		
Other test name _____				/					
Other /									
Other test name _____									

25. IF YOU HAVE TRAVELED, 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.)

26. 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	
Family _____	First _____	Family _____	First _____
Street _____		Street _____	
City _____		City _____	
State/Province _____	Postal Code _____	State/Province _____	Postal Code _____
Country _____		Country _____	
Telephone () _____		Telephone () _____	
Email _____		Email _____	

- Home
- Instructions
- Application Form
- 3 Essays**
- Supplemental Forms
- Recommendations
- Application Inspector
- Submit Application



This Application has **NOT** been updated. [Update my answers](#) to print

Page: [1](#) | [2](#) | [3](#) | [4](#) | [5](#) | [6](#) | [7](#) | [8](#) | [9](#) | [10](#)

Step 3: Essays

Foreign Fulbright Program: Page 4 of 10

STUDY/RESEARCH OBJECTIVES (Required)

27. Write a clear and detailed description of your study/research objectives, and give them. Be specific about your major field and your specialized interests within this field you expect to undertake, and explain how your study plan fits in with your previous statement is an essential part of your application and is required. **Do not mention you would like to study.**

NOTE: This essay contains a 'header', you must leave a 1 1/2 inch (4 cm) top margin on uploaded essay. After saving this essay, click on the Preview button to view on all pages are correct.

It is advisable for you to limit your response to fifty lines of text.

To upload a new document, simply click on the "Browse" button to select your document button to complete your upload.

If you would like to save this document for use in other applications, please enter a name when uploading it. Otherwise, feel free to upload your document and leave the name field blank. **processing, please include a file extension (e.g. essay.doc) and limit the size to 100KB.**

Name: _____

If you wish to manually enter an essay, click [here](#) to access the text entry field.

— OR —

You currently do not have any saved documents. Click "Manage Documents" to upload your new document on this page.

Quick Tip: Compose and edit your essays in word processing software. Then upload to the Online system. Need to upload a paper document (e.g. transcripts)? Click on the "Upload" button.

- Home
- Instructions
- Application Form
- 3. Essays**
- Supplemental Forms
- Recommendations
- Application Inspector
- Submit Application



This Application has **NOT** been updated.
[Update my answers](#) to print

Page: [1](#) | [2](#) | [3](#) | [4](#) | [5](#) | [6](#) | [7](#) | [8](#) | [9](#) | [10](#)

Step 3: Essays

Foreign Fulbright Program: Page 5 of 10

PERSONAL STATEMENT (Required)

28. This personal statement should be a narrative statement describing how you have not be a mere listing of facts. It should include information about your education, and career plans. Describe any significant factors that have influenced your education. Comment on the number of years of practical experience already completed in the U.S. Do not mention specific U.S. universities at which you would

NOTE: This essay contains a 'header', you must leave a 1 1/2 inch (4 cm) to uploaded essay. After saving this essay, click on the Preview button to view on all pages are correct.

It is advisable for you to limit your response to fifty lines of text.

To upload a new document, simply click on the "Browse" button to select your document button to complete your upload.

If you would like to save this document for use in other applications, please enter a name when uploading it. Otherwise, feel free to upload your document and leave the name field blank. **For word processing, please include a file extension (e.g. essay.doc) and limit the size to 100KB.**

Name:

If you wish to manually enter an essay, click [here](#) to access the text entry field.

OR

You currently do not have any saved documents. Click "Manage Documents" to upload your new document on this page.

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Home

1 Instructions

2 Application Form

3 Essays

4 Supplemental Forms

5 Recommendations

6 Application Inspector

Submit Application



This Application has NOT been updated. [Update my answers](#) to print

Page: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

Step 3: Essays

Foreign Fulbright Program: Page 6 of 10

ADDITIONAL INFORMATION

29. Please refer to the instructions from your Fulbright Program Office. It is possible your home country will have specific information that it would like you to include on these instructions. If the Program Office does not have specific requirements, then you must submit a professional resume (usually required for professional degrees such as law or medicine) and a curriculum vitae (sometimes required for students pursuing theoretical academic fields).

To upload a new document, simply click on the "Browse" button to select your document and click the "Upload" button to complete your upload.

If you would like to save this document for use in other applications, please enter a name for the document before uploading it. Otherwise, feel free to upload your document and leave the name field blank. **For document processing, please include a file extension (e.g. essay.doc) and limit the size to 10MB.**

Name:

Browse...

UPLOAD

If you wish to manually enter an essay, click [here](#) to access the text entry field.

OR

You currently do not have any saved documents. Click "Manage Documents" to upload your new document on this page.

MANAGE DOCUMENTS

Quick Tip: Compose and edit your essays in word processing software. Then upload to the online system. Need to upload a paper document (e.g. transcripts)? Click on the "Upload" button.

Back

- [Home](#)
- [1 Instructions](#)
- [2 Application Form](#)
- [3 Essays](#)
- [4 Supplemental Forms](#)
- [5 Recommendations](#)
- [6 Application Inspector](#)
- [7 Submit Application](#)



This Application has **NOT** been updated. [Update my answers](#) to print

Page: [1](#) | [2](#) | [3](#) | [4](#) | [5](#) | [6](#) | [7](#) | [8](#) | [9](#) | [10](#)

Step 3: Essays

Foreign Fulbright Program: Page 7 of 10

TRANSCRIPT

30. Before uploading an image of your unofficial transcript, please refer to the instructions in the Fulbright Program Office. It is possible that the Fulbright Program Office will accept scanned transcripts. For more information, please refer to the instructions.

To use this service, please obtain a copy of your transcript(s), convert it into an electronic format, and upload it to this page. If you have more than one transcript, please upload all of your transcripts. For more information on how to convert your transcript(s) into an electronic format, please click on the "?"

To upload a new document, simply click on the "Browse" button to select your document. After selecting your document, click on the "Upload" button to complete your upload.

If you would like to save this document for use in other applications, please enter a name for the document when uploading it. Otherwise, feel free to upload your document and leave the name field blank. **processing, please include a file extension (e.g. essay.doc) and limit the size to 1 MB.**

Name:

OR

You currently do not have any saved documents. Click "Manage Documents" to upload your new document on this page.

Quick Tip: Need to upload a paper document (e.g. transcripts)? Click on the "?"



NAME: _____ COUNTRY: _____

PERSONAL INFORMATION

31. CURRENT MAILING ADDRESS:

Street: _____ Apartment Number: _____
 City: _____ State/Province: _____
 Postal Code: _____ Country: _____
 Home Telephone: _____ () _____ Work Telephone: _____ () _____
 Email: _____ Cell Phone: _____ () _____

32. NATIONAL IDENTIFICATION NUMBER (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.

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right of access to recommendations.

- I DO WAIVE my right to inspect the contents of the recommendation.
 I DO NOT WAIVE my right to inspect the contents of the recommendation.

Name	Position/Email	Address
1. ,		
2. ,		
3. ,		

38. PROPOSED LENGTH OF STAY IN THE U.S.: _____ **39. APPROXIMATE ARRIVAL DATE:** _____ / _____
 (Month/Year)

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

<input type="checkbox"/> Friend or relative	<input type="checkbox"/> Other Publication (specify)
<input type="checkbox"/> Previous Fulbrighter	<input type="checkbox"/> Fulbright website
<input type="checkbox"/> Poster/Flyer	<input type="checkbox"/> Internet link (specify)
<input type="checkbox"/> University (specify)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Newspaper (specify)	

41. AUTHORIZATION OF RELEASE OF INFORMATION:

I authorize the Fulbright Program Office or its administrative agency: Yes No

- 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.



NAME: _____

COUNTRY: _____

PERSONAL FINANCIAL INFORMATION

Because some scholarships provide for only 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

42. FUNDS AVAILABLE FOR YOUR FIRST YEAR OF STUDY IN THE UNITED STATES (U.S. Dollars)

(a) Family Funds

1. Father's occupation: _____ Mother's occupation: _____ Spouse's occupation _____

2. What is the total amount your family can provide for your FIRST YEAR of study in the U.S.? \$ _____

(b) Your Own Funds

What is the total amount you can provide from your own funds for your FIRST YEAR of study in the U.S.? \$ _____

(c) Other Funds

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? Yes No
If so, identify the source and indicate the estimated amount?

Source	Estimated Amount	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
		Subtotal of C \$ _____
		GRAND TOTAL of A, B, and C \$ _____

43. FUNDS AVAILABLE AFTER YOUR FIRST YEAR OF STUDY IN THE UNITED STATES

(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.? Yes No

(b) If "No" please specify the amount that will be available to you the SECOND YEAR:

1. Family Funds:	\$	_____
2. Your Own Funds:	\$	_____
3. Other Funds:	\$	_____
TOTAL of 1, 2 and 3		\$ _____

44. TRAVEL FUNDS (Do not include funds specified in Sections 42 and 43 above)

(a) Can you pay for your round-trip travel to the U.S. if necessary? Yes No

(b) Specify the amount you have available for round-trip travel: \$ _____

45. DEPENDENTS

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.

(a) List the relationships and ages of any persons who will require financial assistance from you during your stay in the U.S. -

(b) Will these dependents accompany you to the U.S.? Yes No
If "Yes", state how you intend to provide for them during your year of study in the U.S.:



NAME: .

COUNTRY:

UNIVERSITY PREFERENCES

It is not a requirement nor is it expected for you to identify institutions at which you would like to study. However, if you do have preferences, please list in priority order up to 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 and email and/or phone contacts for each one. Your preferences will be taken into consideration insofar as possible. However, please understand that there is no guarantee that your application will be sent to these programs. Applications are made on your behalf to programs that provide a good 'academic fit' based on your study plans and your competitiveness. The goals and priorities of your scholarship sponsor are also strongly considered.

46. MOST HIGHLY PREFERRED INSTITUTIONS

University, Department, Degree	Specialization/Concentration Specific Reasons and Contacts
1.	
2.	
3.	

47. OTHER INSTITUTIONS IN WHICH YOU MAY BE INTERESTED

Please list any other institutions and departments in which you also may be interested. Again, please understand that there is no guarantee that your application will be sent to these programs.

48. INSTITUTIONS TO WHICH YOU HAVE APPLIED

It is not expected that you will have applied for admission to U.S. institutions; however, if you have already submitted an application directly to any universities in the U.S. over the past three years, list the names of these institutions and indicate the response you have received, if any.

Please mail letters of admission, letters of invitation, and deferral requests to the address located in the Supplemental Forms section.

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



NAME:

COUNTRY:

SIGNATURE FORM

Instructions: Please print this form, sign, and date it. Forward it to the Fulbright Program Office in your home country.

By my signature,

- 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 Foreign Fulbright Program, I agree to return to my home country for two (2) years to fulfill my home residency requirement.

Signature

Date (Month/Day/Year)



FULBRIGHT STUDENT PROGRAM
APPLICATION FOR STUDY IN THE UNITED STATES

CONFIDENTIAL LETTER OF REFERENCE

This letter of reference must be written by a teacher under whom the applicant has studied or pursued research in the proposed field of study or by someone who has supervised the applicant in work related to the proposed field of study. This letter must be in English. If not in English, then an accurate translation must be forwarded to the Fulbright Program Office.

NAME OF APPLICANT: _____ COUNTRY: _____

NAME OF REFEREE: _____

TITLE _____

INSTITUTION OR BUSINESS _____

ADDRESS _____

CITY _____ COUNTRY _____ POSTAL CODE _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____
2. IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____
 Teacher or Professor Employer or Job Supervisor Research Adviser Other (Please specify) _____

3. IN THIS RATING CHART, PLEASE EVALUATE THE APPLICANT IN COMPARISON WITH OTHER STUDENTS WHOM YOU HAVE KNOWN DURING YOUR PROFESSIONAL CAREER.

	Excellent	Very Good	Average	Below Average	Not Applicable
Intellectual Ability					
Knowledge of Field					
Work Habits					
Motivation to Pursue Graduate Study					
Seriousness of Purpose					
Potential For Significant Future Contribution in Field					
Resourcefulness and Initiative					
Emotional Maturity					
Adaptability to New Situations					
Leadership Qualities					
Teaching Potential					



NAME OF APPLICANT:

COUNTRY:

CONFIDENTIAL LETTER OF REFERENCE (Continued)

4. PLEASE PROVIDE A CANDID EVALUATION OF THE APPLICANT'S PAST PERFORMANCE AND ABILITY TO PURSUE AND SUCCESSFULLY COMPLETE A PROGRAM OF STUDY IN THE PROPOSED FIELD. YOUR INFORMATION WILL BE GIVEN CONSIDERABLE IMPORTANCE IN REVIEWING THIS APPLICATION.

NAME (print): _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN DIRECTLY TO THE FULBRIGHT PROGRAM OFFICE.

NOTE: The Fulbright Program cannot guarantee this letter's confidentiality once it becomes part of a university's records.