



Fulbright Distinguished Awards in Teaching Short-Term Program

Basic Information

Applicant Details

Title:

First Name:

Middle Name:

Last Name:

Please indicate any other spelling(s) or name(s) you use:

Are you a U.S. citizen?

Country of citizenship:

Country of residence:

Please provide passport number:

Passport Expiration Date (MM/DD/YYYY):

Date of Birth (MM/DD/YYYY):

City and State/Province of Birth:

Country of Birth:

Contact Information

Home Street Address:

Apartment Number:

Home City:

Home State:

Zip Code:

Home Telephone:

Cell Phone:

Preferred Email Address:

Work Email Address:

Additional Applicant Data

U.S. Veteran:

Ethnicity:

Race:

Sex:

Marital Status:

How did you first hear about the Fulbright Distinguished Awards in Teaching Program?

Please specify:

Current Employment

Current Position Title:

Employed Since (MM/YYYY):

Number of completed years in current position:

Number of completed years of total teaching experience:

Are you a full time or part time teacher?

If you have several teaching/education jobs that combined make up a full-time position, indicate the other jobs (your title, location, age and level of students taught) in the text box.

School Information

Name of School District/System:

School Level:

School Name:

Street Address:

City:

State:

Zip Code:

School Website Address:

School Telephone Number:

School Type:

School Location:

What is the school's total student population?

What is the school's total teacher population?

Student Profile

Describe your school environment, being sure to discuss student demographics with an emphasis on whether or not you teach under-served students (students from lower socioeconomic backgrounds, racial or ethnic minorities, students with special needs, etc.) and/or whether or not the school is under-resourced:

Do students in your school receive Free and Reduced meals (FARMS)?

If yes, what percentage of all students in your school receive Free and Reduced Meals (FARMS)?

What percentage of students in your school are English Language Learners?

How are students selected to attend your school?

For secondary schools, what is the percentage of graduates who enroll in post-secondary education?

Criminal Background Check

Did you undergo a criminal background check as a condition of your current employment?

If yes, when? (MM/YYYY)

School Principal

School Principal/Headmaster's Title:

School Principal/Headmaster's Last Name:

School Principal/Headmaster's First Name:

School Principal/Headmaster's Job Title:

School Principal/Headmaster's School Email Address:

School Principal/Headmaster's Telephone Number (area code, number):

Teaching Schedule

Subject:

Course Name:

Number of Teaching Hours Per Week for this Course:

Grade Level(s) (primary, secondary, tertiary):

Age Range of Students in Course:

Total Number of Students in Course:

What percentage of your time do you spend directly working with students?:

Additional Activities

List Additional Activity:

Number of Total Activity Hours Per Week:

Grade Level(s) (if applicable):

Age Range(s) of Students (if applicable):

Total Number of Students (if applicable):

Previous Employment

Previous Positions

Employment Start Date (MM/YYYY):

Employment End Date (MM/YYYY):

Position Title:

Employer's Name:

Employer's Street Address:

Employer's City:

Employer's State:

Employer's Country:

Teaching Position Grade Level(s) (if applicable):

Teaching Position Subject(s) (if applicable):

Was this a full-time or part-time position? :

Educational Background

Institution Name:

City:

State/Province:

Country:

Type of Degree Received:

Degree Received Date (MM/YYYY):

Major Field of Study:

Professional Activities and Awards

Activities and Awards

Please list non-academic activities, such as community service activities and membership in professional associations. Include the name of the institution and/or activity, its location, and your role:

Please indicate any scholarships, academic awards, honors you have received, and/or any publications that you authored. Please include publication dates:

Please describe any positions of leadership you have held. Indicate dates and durations of these positions:

List any educational experiences that you have had which would be especially helpful to you while on the program (e.g., working with bilingual students, student exchange programs, etc.):

Professional Development Activities

Name of Professional Development Activity:

Date of Professional Development Activity (MM/YYYY):

Location (city/state/country) of Professional Development Activity:

Type of Professional Development:

Is this Professional Development Activity one that you Conducted or Attended?

Number of People in Attendance for the Activity:

Is this Professional Development Activity part of your job responsibilities?

Grants History

Grants Information

Have you ever applied to the Fulbright Classroom Teacher Exchange Program or the Fulbright Distinguished Awards in Teaching Short-Term Program?

Have you ever participated in the Fulbright Classroom Teacher Exchange Program or the Fulbright Distinguished Awards in Teaching Short-Term Program?

Have you ever been awarded another type of Fulbright grant?

Have you ever participated in a non-Fulbright educational exchange or professional development program outside of your home country?

If you were accepted to but did not complete an international exchange or professional development program outside of your home country, please briefly explain why. Please note that if you did participate in an exchange program abroad, you will be asked to provide detailed information about your activities during these program(s) in the International Experience section of this application.

International Experience

International Experience

Travel Start Date (MM/YYYY):

Travel End Date (MM/YYYY):

Countries:

Purpose of Visit:

Description & Impact on Teaching:

Language Proficiency

Native Language

What is your native language(s)?

Language

Language:

Listening Ability:

Speaking Ability:

Reading Ability:

Writing Ability:

Program Preference

Country/Territory Preference

Preferred country/territory selection.

Project Preference

Project Preference:

Family and Dependent Travel

Accompanying Dependent Details

Last Name:

First Name:

Relationship:

Age of Accompanying Dependent:

Application Questions

1. Please provide a summary of your personal and professional goals as related to this exchange program. This explanation of your goals will be reviewed by the Fulbright Foreign Scholarship Board.
2. Please provide a short narrative picture of yourself. This should include personal history and focus on influences on your intellectual development, educational and cultural opportunities (or lack of them) you have had, and how these experiences have influenced you and your career. You may include your philosophy of education and any special interests or abilities including any that make you particularly well suited to collaborate with educators in another country.
3. Please describe your motivation for applying to the Fulbright Distinguished Awards in Teaching Short Term Program. Describe your interests in relation to the specific project for which you are applying. Please also comment on how the program will enhance your professional and career goals.

4. Please describe how your professional experience has prepared you to participate in this program. In what areas do you have demonstrated skills and experience that will enable you to carry out the project for which you are applying? Please include specific examples of contributions you anticipate being able to make to this project in the host country. Please also share information about your experience conducting workshops, giving lectures or presentations, conducting needs assessments, developing or assessing curricula or educational materials, advising schools or districts or other educational institutions on policies or projects, or other skills, as appropriate for the specific project for which you are applying.
 5. Please describe how your participation in this program will benefit your home school and community upon your return to the United States.
 6. Please explain why you are well suited to live and work in another country. What experiences have prepared you to manage the differences you will encounter living and working in a country that is culturally and otherwise different from your own?
 7. Use this space to provide additional resources in support of your program and/or any additional information. Please do not include additional information about any of the items above.
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Leave Authorization

Leave Authorization Information

School District/School System Name:

School District/School System Street Address:

School District/School System City:

School District/School System State:

School District/School System Zip/Postal Code:

School Name:

Approving Administrative Official

Title:

Last Name:

First Name:

Job Title:

School Email Address:

School Telephone:

References

Immediate Supervisor Referral

Title:

Last Name:

First Name:

Job Title:

Work Email Address:

Work Telephone:

Reference

Title:

Last Name:

First Name:

Relationship to Applicant:

Work Email Address:

Work Telephone: