



EISENHOWER
FELLOWSHIPS

EISENHOWER FELLOWSHIPS APPLICATION 2012 MULTI NATION PROGRAM (MNP)

April 2 – May 20, 2012

INSTRUCTIONS

Please complete this form in English, following the instructions carefully, and then provide the completed form, requested attachments, and a recent photograph (head shot) in .jpg format to the Eisenhower Fellowships Nominating Committee in your country.

For information on EF visit www.eisenhowerfellowships.org. To learn more about our Alumni Network activities visit our Facebook page, www.facebook.com/EisenhowerFellowships. In addition, information on the application process can be found on the “Information for Applicants” and “Criteria for Eisenhower Fellows” documents the Nominating Committee will provide you.

SECTION 1: Contact information

FULL NAME

Dr./Mr./Ms./Mrs.

First name/Given Name

Middle name(s)

Family name/Surname

PREFERRED ADDRESS FOR EISENHOWER FELLOWSHIPS CORRESPONDENCE: BUSINESS HOME

BUSINESS

Position title

Name of organization

Street and suite number

City

State/Province

Postal Code

Country

Telephone

Mobile

Country code

City code

Number

Country code

City code

Number

Email

HOME

Street address

City

State/Province

Postal Code

Country

Telephone

Mobile

Country code

City code

Number

Country code

City code

Number

Email

CITIZENSHIP

DATE OF BIRTH

Day

Month

Year

Age

LOCATION OF BIRTH

City

Country

SECTION 2: Education, training and professional experience

A. Summarize your role within your organization and your primary responsibilities:

B. Describe your organization's size and scope, prominence, and impact within your country (and internationally, if applicable):

C. IMPORTANT: Attach an English version of your resume or curriculum vitae. If you do not have a current resume or CV, attach a document listing your professional history, academic experience and degrees, publications, and awards received.

SECTION 3: Community and professional engagement

Please provide information about your participation in community groups, boards, professional organizations, and other voluntary activities outside your paid work:

Organization	Your role	Dates	Activities/accomplishments
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SECTION 4: Exposure outside your country

Study, travel or residence in the United States

Duration, date and location: _____

Duration, date and location: _____

Duration, date and location: _____

Study, travel or residence other than United States

Duration, date and location: _____

Duration, date and location: _____

Duration, date and location: _____

SECTION 5: Spouse information

If your spouse speaks English, and would like to join you on your fellowship, please answer the following questions:

Name:

Dr./Mr./Ms./Mrs. First name/Given Name Middle name(s) Family name/Surname

Profession: _____

What is his/her level of English proficiency? Excellent Very Good Good Fair Poor

NOTE: Children are not allowed to accompany Fellows and/or their spouses on fellowship travel.

C. Describe the anticipated impact of your fellowship on your personal growth as a leader; the organization(s) where you work; and your community or society as a whole. What concrete outcomes do you think might result from the fellowship experience? How would you anticipate the fellowship increasing your ability to contribute positively to your community and profession?

D. Describe how you participate in professional and other networks, and how you would anticipate participating in EF's global network of alumni Fellows.

