

**2019 STUDY OF THE UNITED STATES INSTITUTES FOR SECONDARY EDUCATORS
APPLICATION FORM**

Instructions:

- Save the application form to your hard disk. All the questions are mandatory.
- Please submit your completed application by **December 14, 2018**
- Please send your essay (max. 250 words) as a separate .doc file

A. Title of Institute

- Secondary Educators: Teachers
- Secondary Educators: Administrators

B. Full Name (exactly as it appears on passport)

Prefix (Dr./Miss/Mr./Mrs./Ms./Prof.)	
Last Name	
First Name	
Middle Name	

C. Gender

- Male Female

D. Date of Birth (mm/dd/yyyy)

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E. Birth City

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F. Birth Country

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G. Citizenship

Primary	
Secondary (if applicable)	

H. Country of Residency

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I. Medical, Physical, Dietary or other Personal Considerations (Please describe any pre-existing medical conditions, including any prescription medication the candidate may be taking, allergies, or other dietary or personal consideration. This will not affect candidate selection, but will enable the host institution to make any necessary accommodations.)

- Blind and Visual Impairments
- Deaf and Hearing Impairments
- Learning Disabilities
- New Disability Description
- Physical Disabilities
- Psychiatric Disabilities
- Systematic Disabilities

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J. Contact Information

Address	
City	
Home Province	
Postal Code	
Home Country Name	
Email	

Mobile Phone	
Contact name and relationship	
Emergency Contact Phone	
Emergency Contact Email	

K. Current Position

- Public Secondary School Teacher
- Private Secondary School Teacher
- National Curriculum/Exam Developer
- Teacher Trainer
- Textbook Writer
- Other

(Job) Title	
Institution Name	
Institution Country	

L. Work Experience (including previous positions and titles)

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Title and Institution (please specify if position is part-time)

M. Education, Academic and Professional Training (Please list all earned degrees beginning with most recent. Degrees listed should reflect the closest U.S. equivalent.)

Degree Earned (PhD/JD, Doctoral Candidate/ABD/Post-Graduate Degree, MA/MS, BA/BS, Associates/2-Year Degree, Certificate/Licence, Other)	Earned (mm/dd/yyyy)	Specialization / Institution

Additional Professional Training:

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N. Active Professional Memberships (Active Professional Memberships independent of current professional responsibilities. These should not include university committee work or other professional duties directly related to current employment.)

Position (President/Chairperson/Director, etc., Board Member, Editorial Staff/Officer, Contributing Member, Member)	Title	Organization

O. Publications Related to the Institute Theme up to 10 (Please list all foreign titles in English, including whether book, chapter, journal article, newspaper article, web article, etc.)

Publication Type (Book, Edited Volume(Primary/Co-Editor), Book Chapter, Journal Article, Newspaper/Online Article, Conference/University/Gon't Publication)	Date (mm/dd/yyyy)	Title/ Publisher

P. Previous Experience in the United States

Purpose	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Description

Q. Family/Friends Residing in the United States (please include city and state)

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R. Professional Responsibilities (Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. curriculum design), and/or other pertinent information.)

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S. Current Courses Taught:

Course Title	Level of Students	Classroom Hours per Semester	# Students	U.S. Studies Content (%)

T. Current Extra-Curricular/Co-Curricular Activities Leadership:

Activity	Position/Title (President/Director, Coach, Manager, other)	From: (date)	To: (date)	Description of Duties

U. Other Potential Outcomes (Please select any likely potential professional outcomes of this program.)

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|---|--|
| <input type="checkbox"/> Update Existing Course | <input type="checkbox"/> New Publication |
| <input type="checkbox"/> Create New Course | <input type="checkbox"/> Professional Promotion |
| <input type="checkbox"/> Create New Degree Program | <input type="checkbox"/> Government or Ministry Policy |
| <input type="checkbox"/> School Curriculum Redesign | <input type="checkbox"/> New Professional Organization |
| <input type="checkbox"/> National Curriculum Redesign | <input type="checkbox"/> New Institutional Linkages |
| <input type="checkbox"/> New Research Project | <input type="checkbox"/> Raise Institutional Profile |

V. Application Statement (maximum 250 words)

Please discuss why you wish to participate in this program. Include how your participation in the institute will enhance your work, improve your education about the United States in your community, and help you achieve the “Other Potential Outcomes” you have checked above.

Please save your statement as a.doc file and send it as an attachment along with the application form.

In order to apply, please submit the completed Application Form by **December 14, 2018** via e-mail to: SofiaEducationPrograms@state.gov