

**PRELIMINARY APPLICATION FOR THE**

**2016**

**STUDY OF THE UNITED STATES INSTITUTES FOR  
SECONDARY SCHOOL EDUCATORS**

**Deadline: January 8, 2016 (before 11:00 a.m.)**

**Please submit your applications and  
supporting documentation before the deadline to:**

- **U.S. Embassy, PAS (Exchanges) Building 783,  
Ave. Demetrio B. Lakas, Clayton,  
Telephone 317-5459; 317-5096**
- **or by email to [pancultural@state.gov](mailto:pancultural@state.gov)**



**A program of the  
Bureau of Educational and Cultural Affairs  
U.S. Department of State**



## Study of the United States Institutes for Secondary School Educators 2016

### Application Form

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Please provide all answers in English and be as specific as possible with dates. Please use a paper/binder clip to hold application materials together. Do not staple.

**A. TITLE OF INSTITUTE** ☐ Secondary Educators

**B. NOMINEE'S FULL NAME** (Please print your name clearly exactly as it appears on your passport or CEDULA)

Prefix:	
Last Name:	
First Name:	
Middle Name:	

**C. GENDER** ☐ Male ☐ Female

**D. DATE OF BIRTH:** \_\_\_\_\_ (write mm/dd/yyyy)

**E. BIRTH CITY:** \_\_\_\_\_ **F. BIRTH COUNTRY:** \_\_\_\_\_

**G. CITIZENSHIP(S):** Primary: \_\_\_\_\_ Secondary (if applicable): \_\_\_\_\_

**H. PERMANENT RESIDENCE ADDRESS IN YOUR HOME COUNTRY:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Home telephone: (507) \_\_\_\_\_ Mobile telephone: (507) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**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. If none, please write N/A (not applicable).

**J. EMERGENCY CONTACT INFORMATION**

Please provide the name and contact information of individual who should be notified in case of an emergency.

In your home country: \_\_\_\_\_  
Name Relationship to you Street Address

City Province and/or Country Telephone/cellular Number E-mail address



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**NAME** (Please print your name here): \_\_\_\_\_

#### **K. CURRENT POSITION, TITLE, INSTITUTION**

Primary Position: ☐ Public Secondary School Teacher ☐ Teacher Trainer  
☐ Private Secondary School Teacher ☐ Textbook Writer  
☐ National Curriculum/Exam Developer ☐ Other (please specify)

Title: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Institution Country: \_\_\_\_\_

#### **L. WORK EXPERIENCE, including previous positions and titles**

From: DD/MM/YEAR	To: DD/MM/YEAR	Title/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 (AS/BA/MA/PhD etc)	Date Earned DD/MM/YEAR	Specialization/Institution

**Additional Professional Training:** \_\_\_\_\_

#### **N. ACTIVE PROFESSIONAL MEMBERSHIP**

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/Director/Member/ Editorial Staff/Contributing Member)	Title	Organization



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**NAME** (Please print your name here): \_\_\_\_\_

#### **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/book chapter/journal/newspaper/online article, conference)	Year	Title Publisher

#### **P. PREVIOUS EXPERIENCE IN THE UNITED STATES**

Purpose	From DD/MM/YEAR	To DD/MM/YEAR	Description

#### **Q. FAMILY/FRIENDS RESIDING IN THE UNITED STATES**

Please include city and state (Example: John Doe – Chicago, Illinois)	

#### **R. EVIDENCE OF ENGLISH FLUENCY** (If applicable, please provide test name, date taken and score.)

#### **S. 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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**NAME** (Please print your name here): \_\_\_\_\_

#### Current Courses Taught:

Course Title	Level of Students (PhD, Masters, Undergraduate or High School)	Classroom Hours Per Semester	# Students	U.S. Studies Content (%)

#### Current Extra-Curricular / Co-Curricular Activities Leadership:

Activity	Position/ Title	From DD/MM/YEAR	To DD/MM/YEAR	Description of Duties

#### Other Potential Outcomes:

Please select any likely potential professional outcomes of this program

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

#### T. PERSONAL ESSAY (Limit 250 words, DOUBLE SPACED)

On a separate sheet of paper, please discuss why you wish to participate in this program. Include your current personal teaching philosophy, how your participation in the institute will enhance your work, improve education about the United States in your community, and help you achieve the "Other Potential Outcomes" you have checked above.



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**NAME** (Please print your name here): \_\_\_\_\_

PLEASE INDICATE IF YOU HAVE APPLIED FOR A U.S. VISA:

	YES	NO	DATE(S) GRANTED	DATE(S) REJECTED
NON-IMMIGRANT VISA (VISA DE TURISMO)				
IMMIGRANT VISA (VISA DE RESIDENCIA)				

**How did you become aware of this scholarship? (Please check all that apply)**

Friend or family	<input type="checkbox"/>	Radio/Television	<input type="checkbox"/>
Fulbright Scholar	<input type="checkbox"/>	Embassy Web Page	<input type="checkbox"/>
University (specify):	<input type="checkbox"/>	Social Networks (Facebook/Twitter)(specify):	<input type="checkbox"/>
Written media (specify):	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>

**Are you a Panamanian citizen?**

☐ Yes ☐ No If no, please indicate of which country you are a citizen. \_\_\_\_\_

**Do you have or are you in the process of obtaining a Green Card or citizenship to the United States?**

☐ Yes ☐ No If yes, please indicate which one and what date you applied.

**Do you have or have you had a U.S. passport?**

☐ Yes ☐ No

### SIGNATURE

By my signature, I certify that, to the best of my knowledge, the information provided in my application is accurate and complete, and that I intend to return to my home country upon completion of my studies in the United States. I also authorize any school or university which I have attended or will attend to release my transcripts and any report to the designated placement agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CHECKLIST FOR COMPLETE APPLICATION DOSSIER:

Before submitting your application to the address on the front page, please be sure you have included all of the following REQUIRED components:

- \_\_\_ Completed and signed application form in English.
- \_\_\_ Personal essay in English, limit 250 words, typed, double spaced.
- \_\_\_ If you have a valid passport, please submit a copy of the data/photo page. **If not, submit copy of your CEDULA.**
- \_\_\_ Two letters of recommendation **in English.**
- \_\_\_ TOEFL®, ITP®, or other standardized English test score report. **If you have not taken this test, please do not do so at this time.**

\*Additional supporting documents should be submitted in plain, letter-sized (8 ½ x 11 inch) paper. Only complete applications will be considered.

**IMPORTANT: Do not leave blank spaces. If an answer does not apply, please write N/A (not applicable).**