

Fulbright Teacher Exchange Program Application and Instructions

Applicants are strongly encouraged to apply online at www.fulbrightexchanges.org. If you choose to apply using the paper application, please read our website (www.fulbrightexchanges.org) carefully before completing the application. Be sure that you meet eligibility requirements for the program as well as the specific requirements of each country and type of exchange for which you apply. The application forms may be photocopied for interested colleagues, and applications may be submitted on photocopied forms; however, applications must bear original signatures.

Applications are not considered until all of the forms listed on the "Application Checklist" (*Page Ai*) are completed properly and received by the Fulbright Teacher Exchange Program.

Those applying for teaching and administrative exchanges, and summer seminars should complete pages Aii - A5 of the application and sign the terms of agreement on page A7. **All forms and recommendations on the checklist must be submitted by the October 15 deadline.**

Applicants for special short programs should complete only pages Aii and sections, I, II, IV, V, VI, VII, IX, X, and XIII of the application and submit by the special program's deadline.

Mailing Address

Applications, references, related documentation, and all future communication should be sent to

Fulbright Teacher Exchange Program
600 Maryland Avenue, SW, Suite 320
Washington, DC 20024-2520
fulbright@grad.usda.gov
(202)-314-3520

Special Instructions

J. William Fulbright Foreign Scholarship Form

This page, Aii, follows the Application Checklist page. It must be completed and returned along with your application. In section L, you should provide a brief description of what you expect to gain professionally and personally from participation in the Program. This form **MUST** be typed.

"Interview Sites"

Select two cities from page Aiii of the booklet and indicate their code numbers and city names on page A1 of the application. Interview dates are set by the interview committee chairperson for each site. You will be informed of the site and date of the interview for which you have been scheduled (*most applicants are scheduled for an interview at their first choice site*). You are responsible for attending the interview on the scheduled date.

Application (pp. A1 to A7)

While typing is preferred, application forms may be completed in black or blue ink. If additional space is needed, enter information in Item XIV, "Remarks," or use additional sheets. Place your name and date of birth at the top of each additional sheet, and identify the item number to which the answer applies. Fill out the application forms completely; use additional sheets for continuation purposes only. **Do not send your resumé or simply say "see attached."**

Sign page A7 and forward the original of pages A1 through A7 (*and any additional sheets*), along with the original of the essay to the Fulbright Teacher Exchange Program.

I. "Applicant Basic Data" (p. A1)

For Question E, indicate the academic year(s) for which you applied, whether or not you received an exchange or seminar grant that year. Please note that Questions I and J, "Ethnicity/Race" are optional and are collected for statistical purposes only.

II. "Application For..." (p. A1)

Before choosing a country for an exchange or seminar, be sure to read the eligibility requirements for that country's program on the Teacher Exchanges and Summer Seminars section of our website.

List your country choices in order of preference. Do not request more than one country on each line except in the case of the United Kingdom, where England, Scotland, Northern Ireland or Wales may be listed in order of preference on the same line.

Unless you answer "No" to Question D, you will be considered for any country for which you are eligible.

If you answer "Yes" to Question E you will be considered for a one-way assignment should a suitable assignment become available. One-way assignments are very rare and up to five per year may be available depending on funding and interest by a particular country. A U.S. applicant may not apply directly for a one-way assignment.

III. "Modern Foreign Language Fluency" (p. A2)

Indicate your proficiency in languages other than English. You will be screened for verbal proficiency if:

- you teach French, German or Spanish;
- languages are required for countries you select;
- languages you list are spoken in participating countries, and you rate yourself "good" or "excellent."

V. "Present Employment" (p. A2)

The approving administrative official listed under Question E must be the same as the person completing the "Administrative Approval for Applicant" form (*Page A11*).

VI. "Daily Schedule for Current Year" (p. A3)

To enable accurate matching, teachers are asked to describe fully their current teaching assignments. Please write this directly on the application, using an additional sheet for continuation purposes only.

X. "School or College Information" (p. A5)

Information on the schools of applicants is critical to finding suitable matches. This section should be filled out thoughtfully and completely. Use additional sheets if necessary.

XI. "Accommodations" (p. A5)

Please answer all questions if you wish to exchange housing. Note: Housing is a private matter between grantees in which the United States Department of State will not become involved. For direct exchanges, teachers are expected to locate suitable housing for their partner and vice-versa before going on exchange. Fulbright recommends the following options when making housing determinations: 1) finding housing on your own in the open market with suggestions from your exchange partner; 2) asking your exchange partner to locate local, in-country rental options that might meet your needs; 3) exchanging housing with your partner. The Fulbright program reserves the right to request termination of an exchange should housing issues significantly affect how the professional exchange is conducted. Any problems arising from a housing situation into which an individual grantee has entered are the sole responsibility of the grantee and not of the Fulbright program.

Application (pp. A11 to A17)

Pages A11 to A17 are approval and reference forms. The applicant should complete Item 1 on each form and then give them to the appropriate colleagues or officials. All four of these forms must be submitted with your application. These forms must be filled out completely, and not simply signed. Include them in your application package in sealed envelopes signed across the back of the envelope flap. If your school district requires the Administrative Approval form to be sent under separate cover, indicate this on the "Application Checklist."

"Administrative Approval for Applicant" (p. A11)

Administrative Approval forms (p. A11) are due by October 15, 2009. The official who completes and signs the "Administrative Approval for Applicant" form must be the official authorized to approve participation in the exchange, grant a leave of absence, and approve the appropriate salary arrangements. **(For year and semester programs, the "with salary" box must be checked, or the application will not be considered. For short term programs occurring during the school year, we recommend that approval be given "with salary." If the "with salary" box is not checked, the applicant must explain on a separate sheet how she or he will fund participation. For summer seminars "without salary" is appropriate. For one-way assignments, either selection is appropriate.)** Within public school systems, administrative approval must come from the district level (e.g., usually the superintendent). If the approval is pending board confirmation after October 15, 2009, please notify the Fulbright Program in writing at the above address.

The administrative approval form may be submitted in a sealed envelope signed across the back by the administrator. It may be submitted separately or as part of the application, but it must be sent no later than October 15, 2009. However it is submitted, applicants are strongly encouraged to discuss their application to the program with their administrator in advance of applying and should be aware that their application will not be considered without receipt of this approval. Applicants who do not file an administrative approval form in a timely manner or whose administrator has denied approval will be informed of this omission or denial by letter.

Reference Forms (pp. A13, A15 and A17)

All reference forms are due by October 15, 2009. The references should be completed and signed by individuals familiar with the applicant's professional work. One of these forms ("the Immediate Supervisor Reference for Applicant") must be completed by the applicant's immediate supervisor or the person responsible for the applicant's formal evaluation. The Supervisor must also provide a general description of the school on the reverse of this form. Persons writing references should place the reference form in a sealed envelope signed across the back and clearly marked "Reference for (*applicant's name*)". Sealed and signed references must be included in your application package. Applicants should not include performance evaluations with their applications. Other commendations and awards may be listed in Item VII, Question D, on Page A3.

In general, we prefer that the entire application packet (including application, essay, references) be submitted to our office in one complete packet when possible.

Miscellaneous

Applicants must inform the Fulbright Teacher Exchange Program in writing of:

- a. a change of address or phone number;
- b. a change of plans affecting the application;
- c. a desire to withdraw the application;
- d. an application to teach or study abroad under another program;
- e. a termination of teaching contract; and
- f. a change in assignment or school administration.



TEACHER EXCHANGE PROGRAM

APPLICATION SECTION

2009-2010

We encourage all applicants to use the online application form when applying for the Fulbright Teacher Exchange Program. The online version of the form is easily submitted, and applicants can more readily update their information if they resubmit their application to the program in subsequent years.

To access the online application, please go to the Fulbright Teacher Exchange Program website www.fulbrightexchanges.org Special instructions for filling out the online application form may be downloaded from the website prior to beginning the online form.

Application Checklist

Please complete this checklist and enclose it with your application package. Please do not staple any of your application pages (*paper clips may be used*). Mail all application materials to

United States Department of State
Fulbright Teacher Exchange Program
600 Maryland Avenue, S.W.; Suite 320
Washington, DC 20024

The application deadline is **October 15, 2009**

1. Does your package include:
 - a. 1 Fulbright Foreign Scholarship Board (FSB) form? Yes No
(The FSB form *must* be typed. Handwritten copies will not be accepted.)
 - b. 1 original of the application? Yes No
 - c. 1 original of the essay? Yes No
 - d. 1 "Administrative Approval for Applicant" form? Yes No
 - e. 1 "Immediate Supervisor Reference for Applicant" form? Yes No
 - f. 2 additional references? Yes No

[Please do not send resumes, audio or video tapes.]
2. Are any of the above documents being sent under separate cover?
If so, which ones? Yes No
3. Is your Administrative Approval completed by the school official authorized to grant the required salary and leave arrangements? Yes No
4. Make sure you are eligible for all the positions in the countries you listed in Section II of your application:
 - a. Are you fluent in the required languages? Yes No
 - b. Are you currently employed at the specified teaching level? Yes No
 - c. Are you currently employed in the specified subject field? Yes No

*All references forms submitted must include original signatures. The reference forms may be included with your application as a complete package. However, if a reference must be mailed under separate cover it must be also submitted by the October 15 deadline.

PAPERWORK REDUCTION ACT Public reporting burden for this collection of information is estimated to average 2 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. This information is being collected to evaluate a candidate's eligibility and suitability to be matched with a foreign counterpart for the Fulbright Teacher Exchange Program. Responses are voluntary; however, insufficient applicant data could disable successful matching. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

PRIVACY ACT STATEMENT

AUTHORITIES The information is sought pursuant to Section 102 of the Mutual Educational and Cultural Exchange Act of 1961, as amended (*the Fulbright-Hays Act*) (22 U.S.C. 2452).

PURPOSE The information solicited on this form is necessary to evaluate a candidate's eligibility and suitability for participation in the Fulbright Teacher Exchange Program, for general statistical use within the U.S. Department of State, and to direct program outreach strategies in subsequent program cycles. Failure to provide the information requested on this form may result in non-selection.

ROUTINE USES The information may be shared with overseas counterpart agencies of the Bureau of Educational and Cultural Affairs or field personnel in selected countries to ensure matching with a foreign counterpart, and with local school authorities for their concurrence on the exchange. The information provided may also be released to Federal, State, local, or foreign government entities for law enforcement purposes.



*OMB Approved No. 1405-0114
 Expiration Date: 11/30/2011
 Estimated Burden: 2 Hours

J. William Fulbright Foreign Scholarship Board

Fulbright Teacher Exchange Candidate
 2009-2010

A. Name: _____			
	Last	First	Middle Initial(s)
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
B. U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		C. Home Telephone (area code, number)	
If no, State Country of Citizenship _____		() -	
D. Complete Home Mailing Address (include number, street, city, zip code)			
E. Date of Birth (mm-dd-yyyy)		F. Indicate year and country of any previous Fulbright grants (if none, write "none").	
Place of Birth (city, state, country)			
G. Current Occupation			
Name and Address of Employer _____		Job Title	Employed Since (mm-yyyy)
H. Current Subject(s) and Level(s)			
I. First Country Choice			
J. Education			
Name of Institution, University, or Professional School, and Location _____		Major Field of Study	Name of Degree and Date (mm-yyyy) Received
K. Name your most significant publications/honors/awards/project or other accomplishments.			
L. Provide a synopsis in approximately 50 words of your personal goals as related to this exchange program. The explanation of your goals will be reviewed by the Fulbright Scholarship Board. (Please use only this space. Additional pages will not be accepted.)			

FOR FSB USE ONLY:

Approve Disapprove Abstain

FSB Name _____ Signature _____ Date (mm-dd-yyyy) _____

Interview Committee Sites

ALABAMA

1 Auburn

ALASKA

2 Anchorage

ARIZONA

3 Tempe

4 Tucson

ARKANSAS

5 Little Rock

CALIFORNIA

6 Irvine

7 Fullerton

8 Sacramento

9 San Diego

10 San Francisco

COLORADO

11 Denver

CONNECTICUT

12 New Britain

DISTRICT OF COLUMBIA

13 Washington

FLORIDA

14 Gainesville

15 Miami

GEORGIA

16 Kennesaw

HAWAII

17 Honolulu

IDAHO

18 Boise

ILLINOIS

19 Chicago

INDIANA

20 Indianapolis

IOWA

21 Des Moines

KANSAS

22 Wichita

KENTUCKY

23 Louisville

LOUISIANA

24 Baton Rouge

MAINE

25 Westbrook

MARYLAND

26 Baltimore

MASSACHUSETTS

27 Marlborough

MICHIGAN

28 Farmington

29 Traverse City

MINNESOTA

30 Minneapolis

MISSISSIPPI

31 Jackson

MISSOURI

32 Kansas City

33 St. Louis

MONTANA

34 Missoula

NEBRASKA

35 Omaha

NEW HAMPSHIRE

36 Keene

NEW JERSEY

37 Piscataway

NEW MEXICO

38 Albuquerque

NEW YORK

39 Hempstead

40 New York City

42 Syracuse

NORTH CAROLINA

43 Charlotte

NORTH DAKOTA

44 Jamestown

OHIO

45 Cincinnati

46 Cleveland

OKLAHOMA

47 Oklahoma City

OREGON

48 Portland

PENNSYLVANIA

49 Harrisburg

50 Philadelphia

51 Pittsburgh

PUERTO RICO

52 Hato Rey

SOUTH CAROLINA

53 Columbia

SOUTH DAKOTA

54 Sioux Falls

TENNESSEE

55 Nashville

TEXAS

56 Corpus Christi

57 Dallas

58 El Paso

59 Houston

60 Lubbock

61 San Antonio

UTAH

62 Ogden

VERMONT

41 Essex Junction

VIRGIN ISLANDS

63 St. Croix

VIRGINIA

64 Roanoke

WASHINGTON

65 Seattle

66 Spokane

WEST VIRGINIA

67 Institute

WISCONSIN

68 Madison

WYOMING

69 Casper



APPLICATION FOR TEACHING AND ADMINISTRATIVE EXCHANGES AND SEMINARS ABROAD

Please read all instructions before completing this form. Please type or print clearly in black ink. This form may be copied.

ID#:09

First Choice Interview Site Number	City	Second Choice Interview Site Number	City
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I. APPLICANT BASIC DATA

A. Title: Name (last, first, middle) <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	F. U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No G. U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Complete Home Mailing Address (include number, street, city, state, zip code)	H. Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please describe
C. Home Telephone (area code, number) () - Home Fax (area code, number) () - Home E-Mail	I. Ethnicity (select one) : <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
D. Date of Birth (mm-dd-yyyy):	J. Race (select one or more of the following): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
E. Have you ever applied to the program before? If so, list all program years for which you applied (e.g., 1989-90, 1998-99):	

II. APPLICATION FOR:

You may check more than one box.

- Year-Long Exchange
 Semester Exchange
 Six Week Exchange
 Summer Seminar
 Short Program*

*Please refer to any special announcements for information about these programs.

A. Teaching Position: <input type="checkbox"/> Yes <input type="checkbox"/> No List Countries in order of Preference: <ol style="list-style-type: none"> 1. 2. 3. 	C. Summer Seminar Abroad List Countries in order of Preference: <ol style="list-style-type: none"> 1. 2. 3.
B. Administrative Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No List Countries in order of Preference: <ol style="list-style-type: none"> 1. 2. 3. 	
D. Would you consider placement in countries other than those you've listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Would you consider a one-way assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Is your spouse applying for a position abroad through this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. If so, will you accept a position if no position is offered to your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you and your spouse willing to be placed in different locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. MODERN FOREIGN LANGUAGE FLUENCY (<i>Applicants for seminar only, need not complete this section.</i>)												
Language	Understanding			Speaking			Reading			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

IV. EDUCATION AND PROFESSIONAL PREPARATION ABOVE SECONDARY SCHOOL					<i>(List degrees in chronological order.)</i>
Institution, Location	Dates Attended (<i>mm-yyyy</i>)		Degrees Received		Major Subjects
	From	To	Kind	Date (<i>mm-yyyy</i>)	

V. PRESENT EMPLOYMENT	
A. Present Position Title	In Present Position From (<i>mm-yyyy</i>)
B. Name and Address of School (<i>include number, street, city, state, zip code</i>)	Telephone (<i>area code, number</i>) and E-mail Address
	Fax (<i>area code, number</i>) () -
C. School Principal's or College Dean's Name (<i>include Dr., Mr., Mrs., Ms., or Miss</i>)	
School Principal's or College Dean's Title	Telephone (<i>area code, number</i>) and E-mail Address
D. Immediate Supervisor's Name (<i>include Dr., Mrs., Ms., or Miss</i>)	
Immediate Supervisor's Job Title	Telephone (<i>area code, number</i>) and E-mail Address
E. Approving Administrative Official's Name (<i>include Dr., Mr., Mrs., Ms., or Miss</i>) Note: Must be the official authorized to approve participation in the exchange, grant a leave of absence, and approve the appropriate salary arrangements, e.g., president, headmaster, superintendent, or district official. See "Administrative Approval for Applicant" form.	
Approving Administrative Official's Job Title	Telephone (<i>area code, number</i>) and E-mail Address
Name and Address of Approving Administrative Official's Institution (<i>include number, street, city, state, zip code</i>)	

VI. DAILY SCHEDULE FOR CURRENT YEAR (Administrator exchange applicants are to describe their duties on separate sheet.)

A. Subjects: Be specific and provide details (e.g., <i>World History: European emphasis</i>). Special education teachers are requested to include details about student needs and teaching approaches.	Number of Teaching Hours Per Week	Grade Level and Age of Students		Number of Students
		Grade	Age	
B. Additional Activities Describe workload other than a teaching position (e.g., <i>counseling, supervision, curriculum development extra-curricular activities</i>).	Number of Teaching Hours Per Week	Grade Level and Age of Students		Number of Students
		Grade	Age	
C. What is the best time to call you at school?				
D. Have you been absent more than six days per year in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain				

VII. PREVIOUS EXPERIENCE/EMPLOYMENT
A. List any Full-Time Teaching/Administrative Experience, Beginning with the Most Recent

Dates (mm-yyyy)		Position Title	Name and Location	Full-Time Teaching Position	
From	To			Grade	Subject

B. List any Experiences you have had Studying, Working or Traveling Abroad

Dates (mm-yyyy)		Country	Purpose of Visit
From	To		

C. List Memberships in Educational, Professional, and Civic Associations:

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D. List Awards and Publications:

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VIII. OTHER EXPERIENCE (*Applicants for seminar only, need not complete this section.*)

A. List extracurricular activities you can direct or sponsor (*e.g., sports, arts, dramatics, music, etc.*).

B. List educational experiences you have had which would be especially helpful to you in working abroad (*e.g., working with bilingual students, student exchange programs, etc.*).

C. List experiences you have had in teaching English to non-native speakers.

IX. U.S. GOVERNMENT EDUCATIONAL EXCHANGE GRANTS

A. Have you ever received a U.S. Government educational exchange grant ? Yes No
 If yes, please indicate the year, country, type of grant, and sponsoring agency.

B. If you did not accept or complete the grant, explain briefly

X. SCHOOL OR COLLEGE INFORMATION

A. If school is primary or secondary, is it year-round? No Yes Number of terms _____

B. Dates of Current School Year Terms (mm-dd-yyyy) Fall (from _____ to _____) Spring (from _____ to _____)

C. Number of School Teaching Staff _____ Number of Faculty in Department _____ Number of Students in Institution _____

D. School Type: Public Private Religious E. School Location: Urban Suburban Rural

F. Description of school/college (include academic level, composition of student body, teaching method, resource materials, special features, etc.). Use Additional Sheet if Necessary

XI. ACCOMMODATIONS (Applicants for seminars, short programs and administrative exchanges need not complete this section.)

A. HOUSEHOLD MEMBERS (other than applicant)

Names	Relationship Code H - Husband W - Wife D - Daughter S - Son O - Other	Dates of Birth of Dependents 21 and Below (mm-dd-yyyy)	To Accompany on Teaching Assignment (check one)	
			Yes	No

B. HOUSING

Are you willing to exchange housing? Yes No Proximity to School (miles) _____

If yes, type of Accommodation House Apartment Other (describe) _____

Number of Rooms _____ Number of Bedrooms _____ Number of Beds _____

Housing Location: Urban Suburban Rural

Is adequate public transportation available in the community? Yes No
Does it run between your home and your school? Yes No

Do daily tasks in your community require use of a car, e.g., grocery shopping, doctor visits, etc.? Yes No

XII. ESSAY

On no more than two additional pages, please write one essay addressing both A and B below

A. Provide a narrative picture of yourself. The essay should deal with your personal history, focusing on influences on your intellectual development, the educational and cultural opportunities (or lack of them) to which you have been exposed, and the ways in which these experiences have affected you. Also include your special interests and abilities.

B. Describe your future career goals and plans, especially ways you plan to use your experience abroad in your professional work in this country and to enhance international education in your school/college and community.

XIII. SHORT PROGRAMS

(Only applicants applying for special short programs need to complete this section.)

A. Name the short program to which you are applying.

B. Specify the dates of short program.

C. Describe briefly any U.S. professional career experience that you feel qualifies you to participate in the short program to which you are applying.

D. Note any other professional development or training you have received that would qualify you for this short program.

E. If the short program involves electronic follow-up with students or partners in another country, describe how you currently integrate web-based technologies or other distance-learning techniques in your lesson planning and classroom discussions.

F. Have you written papers, conducted research, or made presentations at a conference related to the topic of this short program?

G. If the short program involves teacher training, describe any teacher training experience you have had, either in the United States or abroad.

H. List any professional associations to which you belong that are relevant to the short program.

I. Write a brief description (*limit 1 page*) of your interest in the short program to which you are applying. Describe in detail why you feel you would contribute to the program and what benefit the program would bring to you, your school, and your students. Give an idea of the resources in your community that you would call upon to help you carry out this program.

XIV. REMARKS

(Additional space for answers. Use this space to provide additional information on any item. Write the number and letter of the item to which each answer applies. If you need more space, attach additional sheets.)

TERMS OF AGREEMENT IF SELECTED

1. I agree to reflect the ideals of the United States of America while observing and obeying the laws of the country in which I will be exchanging.
2. For teacher exchange applicants, when requested, I will have a complete physical examination and will submit a physician's "Report of Medical Examination." I will also submit a "Statement of Health for Dependents" form from a physician for all who accompany me. All medical examinations will be at my expense. In addition, I guarantee that I and anyone accompanying me will have comprehensive medical insurance sufficient to cover any major medical contingency which may occur while abroad.

For seminar and administrative exchange applicants; when requested, I will submit a statement of health from a physician. I understand that a medical examination report, completed at my expense, may be required.

3. I am aware that travel before a grant is awarded is not reimbursable.
4. If required by my grant, I will travel on an airline designated for the transportation of United States grantees.
5. I will attend all orientation activities in the United States or abroad.
6. If selected for a teaching assignment abroad, I will complete my assignment in the country to which I am assigned, remaining, if necessary, beyond the usual closing date in the United States. I will return to my teaching post in the United States for the year following my exchange year unless an extension of my leave is authorized by my school authority.

If selected for a short-term assignment of eight weeks or less, I will complete it, participate in all activities, and complete all required assignments. I will not be accompanied by dependents, relatives, or friends until the termination of the short-term assignment.

7. I will accept no employment other than my position as an exchange teacher during my stay abroad, unless approved in writing by the administering foundation, commission, or embassy.
8. I am aware that, should the exchange be terminated as a result of my inability to fulfill the obligations, I may be asked to reimburse funds expended on my exchange.
9. I am aware that no one or more of the following will be liable for any claim or claims resulting from either exchange partners' failure to enter upon or to complete the program outlined in the grant: the FSB, the United States Department of State, the cooperating agency, and the commission or post.
10. I have had a criminal background check conducted by my institutional/district at the time of my employment.

Please list date of most recent criminal background check. _____
(mm-dd-yyyy)

I certify that I have read and understand the "Terms of Agreement" and that the information provided in this application is, to the best of my knowledge, true and correct. I am aware that a false statement may be grounds for non-selection or termination of my exchange. I further certify that I have notified the Teacher Exchange Branch of any misdemeanor (*except minor traffic violation*) or felony convictions or pending indictments. My signature confirms that I will abide by the "Terms of Agreement" if selected for program participation.

Signature of Applicant _____ Date _____
(mm-dd-yyyy)

How did you first hear about the Fulbright Teacher Exchange Program?

- | | |
|---|---|
| _____ From a Colleague at my School or College | _____ Through a Professional Journal or other Publication |
| _____ From a School or College Administrator | _____ at my Local Library |
| _____ From a Former Participant of this Program | _____ Through a Mailing from the Fulbright Program |
| _____ From a Friend | _____ other (<i>please specify</i>) |
| _____ at a Conference | |

Blank sheet



**TEACHER
EXCHANGE PROGRAM**

REFERENCES

2009-2010

Blank sheet



Administrative Approval for Applicant

ID#:09

1. Name of Applicant (<i>last, first, middle</i>):
2. INSTRUCTIONS FOR APPROVING ADMINISTRATOR: Please complete the following sections and sign this form to certify your approval or disapproval of the applicant's pursuit of an exchange, one-way assignment, or seminar opportunity through the Fulbright Teacher Exchange Program. Indicate the type of leave to be granted and whether or not your teacher has undergone a criminal background check (<i>you may check more than one box</i>). We strongly encourage applicants and administrators to consult before completing this form. (<i>Please see reverse of this form.</i>)
A. APPROVAL
<input type="checkbox"/> For Direct Exchanges (<i>one year, one semester, short-term</i>) and Administrative Exchanges: The above applicant is employed full-time by our college, school or school system. The applicant has, in my judgment, superior qualifications and will be an excellent representative of American education abroad. If we and all other necessary parties agree to a proposed assignment, the following leave(s) of absence will be approved and the applicant will be released under the conditions checked below in order to accept a position under the Fulbright Teacher Exchange Program. (<i>"With Salary" is required for applicants of direct exchanges of one year or one semester.</i>) <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> With Salary <input type="checkbox"/> Without Salary </div>
<input type="checkbox"/> Summer Seminars: Either no leave of absence is required, or the teacher will be given, with or without pay, the leave of absence required for participation in the Seminar. <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> With Salary <input type="checkbox"/> Without Salary </div>
<input type="checkbox"/> For One-Way Assignments (<i>one year, one semester, short-term</i>): If a one-way assignment were to become available and the above applicant were to be proposed for such an assignment and all necessary parties agree to the proposed assignment, the following leave(s) of absence will be approved and the applicant will be released under the conditions checked below in order to accept a position under the Fulbright Teacher Exchange Program. <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> With Salary <input type="checkbox"/> Without Salary </div>
<input type="checkbox"/> Yes <input type="checkbox"/> No According to institutional/district procedures, we conducted a criminal background check of the applicant at the time of his or her employment.
B. DISAPPROVAL
<input type="checkbox"/> The above teacher/administrator is employed by our school or school system and will not be granted a leave of absence.
C. OFFICIAL SIGNATURE
Note This form must be completed and signed by the official who is authorized to approve participation in the exchange, grant a leave of absence, and approve the appropriate salary arrangements for the college, school or school system in which the applicant is employed, e.g., president, headmaster, superintendent, or district official.
Name and Job Title of Chief Administrator or Authorized Official (<i>president, headmaster, superintendent, or district official</i>)
Name and Address of School or School System (<i>include number, street, city, state, zip code, phone number, and email address</i>)
Signature of Chief Administrator or Authorized Official (<i>president, headmaster, superintendent, or district official</i>)
Print Name _____ Title _____
Signature: _____ Date (<i>mm-dd-yyyy</i>) _____

About The Fulbright Teacher Exchange Program

The purpose of the Fulbright Teacher Exchange Program is to help promote mutual understanding between the people of the United States and the people of other countries through educational exchange. Teachers and administrators participating in the program have the opportunity to live and work abroad by exchanging positions with educators from similar institutions in over twenty countries. Teachers may also apply to attend summer seminars or special short programs.

Fulbright exchange teachers usually exchange positions with foreign teachers for an academic year. By living and working in the cultures of their host countries, they gain an understanding and appreciation of the similarities and the differences between nations.

If your teacher is proposed for an exchange, you will have the opportunity to review the credentials of the foreign teacher and to accept or reject the proposed exchange arrangement. In order for an exchange to take place it must be accepted by the U.S. teacher, the U.S. administrators, and the foreign teacher, and the foreign administrators, and must be approved by the J. William Fulbright Foreign Scholarship Board (FSB). **At the time of this application your signature on the reverse administrative approval form simply enables your teacher to be eligible for the program and indicates your willingness to consider a Fulbright Teacher Exchange at your school/college.**

The success of the Fulbright Teacher Exchange Program in increasing international understanding and properly representing the educational system and other aspects of American life and culture depends greatly upon the exercise of judgment by school administrators in approving their teachers'/administrators' participation in the program. It is important to the reputation of the program and the American educational system, as well as that of the participating school, that an applicant be approved for participation only if the approving official has no reservations about his or her character, reliability, and judges him or her to have superior qualifications and to be an excellent representative of American education.

Most exchanges occur with both U.S. teachers and foreign teachers receiving their regular salaries from their home schools while teaching and living abroad, though specific arrangements vary for each country. U.S. schools will not be asked to pay the salaries of the foreign exchange teachers. Housing arrangements are the responsibility of the teachers involved.

Both the U.S. and the foreign teacher will be provided with a limited medical insurance policy by the U.S. Government. However, your teacher should continue his or her current coverage from your school, and we encourage you to consider including your foreign teacher and any accompanying family members in your local group health plan.

**Please return this form to
Fulbright Teacher Exchange Program
600 Maryland Avenue, SW, Suite 320
Washington, DC 20024
Tel (202) 314-3520**

PRIVACY ACT STATEMENT

AUTHORITIES The information is sought pursuant to Section 102 of the Mutual Educational and Cultural Exchange Act of 1961, as amended (the Fulbright-Hays Act) (22 U.S.C. 2452).

PURPOSE The information solicited on this form is necessary to evaluate a candidate's eligibility and suitability for participation in the Fulbright Teacher Exchange Program, for general statistical use within the U. S. Department of State, and to direct program outreach strategies in subsequent program cycles. Failure to provide the information requested on this form may result in non-selection.

ROUTINE USES The information may be shared with overseas counterpart agencies of the Bureau of Educational and Cultural Affairs or field personnel in selected countries to ensure matching with a foreign counterpart, and with local school authorities for their concurrence on the exchange. The information provided may also be released to Federal, State, local, or foreign government entities for law enforcement purposes.



*OMB Approved No. 1405-0114
 Expiration Date: 11/30/2011
 Estimated Burden: 2 Hours

IMMEDIATE SUPERVISOR REFERENCE FOR APPLICANT

IMPORTANT The success of this program depends on the selection of educators whose qualifications give promise of outstanding success under unusual circumstances abroad. Please see Fulbright Teacher Exchange Program description on the reverse of this form.

ID#:09

1. Name of Applicant (<i>last, first, middle</i>)				
2. Check the Applicant's Professional Qualifications and Personal Traits				
Item	Superior	Above Average	Average	Below Average
PROFESSIONAL QUALIFICATIONS				
Knowledge of the Subject Field				
Effectiveness with Students of Diverse Levels of Preparation				
Ability to Work with Colleagues Including those with Divergent Views				
Adherence to Established Administrative Policies and Procedures				
PERSONAL TRAITS				
Adaptability				
Resourcefulness				
Self-Reliance				
Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use additional page if necessary.				
4. Number of Years you have known Applicant.		5. Is the applicant a full-time teacher or administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Please provide a general description of your teacher's school/college. Comment on how you feel the school, college, or district will benefit from participating in the Fulbright Teacher Exchange Program. Use additional page if necessary.				
7. Can the U.S. teacher's course load be altered for the foreign teacher ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Please describe any special consideration that could be given to the incoming exchange teacher, (e.g., <i>orientation, reduced teaching load, extra preparation periods, special assignments teaching about home country culture, special support staff to assist exchange teacher with instructional or related duties</i>). Please continue on the reverse of this page, or use additional sheets.				
9. Name and Job Title (<i>include Dr., Mr., Mrs., Ms., Miss</i>)				
10. Name and Address of School (<i>include number, street, city, state, zip code, phone number, and email address</i>)				
11. Print Name _____		12. Title _____		
Signature _____		Date (<i>mm-dd-yyyy</i>) _____		

This form is subject to release, on written request, to the applicant. (*Privacy Act of 1974, Freedom of Information Act*)

Additional Space for Items 3, 6 and 8 (*please use additional sheet if necessary*)

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Effectiveness with Students of Diverse Levels of Preparation				
Ability to Work with Colleagues Including those with Divergent Views				
Adherence to Established Administrative Policies and Procedures				
PERSONAL TRAITS				
Adaptability				
Resourcefulness				
Self-Reliance				
Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use additional page if necessary.				
4. Professional Relationship to the Applicant		5. Number of Years you have known the Applicant		
6. Name and Job Title <i>(include Dr., Mr., Mrs., Ms., Miss)</i> :				
7. Professional Address <i>(include institution, number, street, city, state, zip code, phone number and email address)</i>				
8.		9.		
Print Name _____		Title _____		
Signature _____		Date <i>(mm-dd-yyyy)</i> _____		

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PERSONAL TRAITS				
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Resourcefulness				
Self-reliance				
Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use additional page if necessary.				
4. Professional Relationship to the Applicant		5. Number of Years you have Known the Applicant		
6. Name and Job Title (<i>include Dr., Mr., Mrs., Ms., Miss</i>)				
7. Professional Address (<i>include institution, number, street, city, state, zip code, phone number and email address</i>)				
8.		9.		
Print Name	_____	Title	_____	
Signature	_____	Date (<i>mm-dd-yyyy</i>)	_____	

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Fulbright Teacher Exchange 2009-2010 Program Information Questionnaire



*OMB Approved No. 1405-0114
Expiration Date: 11/30/2011
Estimated Burden: 2 Hours

Please complete and return this form regardless of whether or not you decide to apply for the program. Completing this questionnaire is voluntary. This form should be mailed separately from the application. No postage is necessary.

1. Your State _____

2. Your Teaching Subject and Level _____

3. How did you find out about the Fulbright Teacher Exchange Program? *(Please indicate the approximate date.)* _____
(mm-dd-yyyy)

_____ Professional Journal or Magazine *(name)* _____

_____ Conference _____

_____ A Publication or Letter distributed by the Fulbright Teacher Exchange Program *(please specify)*

_____ A Former Fulbright Participant *(name)* _____

_____ A Foreign Teacher Presently on Exchange in your School or Community *(name of teacher and school)*

_____ I am a Former Applicant to the Fulbright Teacher Exchange Program *(year)* _____

_____ School or College Administrator _____

_____ School Newsletter *(name)* _____

_____ Newspaper Article *(name)* _____

_____ Other _____

4. When did you Request the Application *(please give an approximate date)* _____
(mm-dd-yyyy)

5. When did you Receive the Application *(please give an approximate date)* _____
(mm-dd-yyyy)

6. How did you receive the application?
_____ Fulbright _____ Conference _____ School or College Administrator _____ Colleague _____ Other

7. Have you decided to apply for the program this year? _____
If not, why not? _____

8. Are there countries, not presently in the program, that you are interested in exchanging in? Please specify.

9. Do you have any further suggestions for future recruitment and advertising techniques? Please specify.

**United States
Department of State**

Washington, D.C. 20547

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WASHINGTON, D.C. 20547

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**Agencies Administering Fulbright Programs
in Cooperation with the United States Department of State and
the J. William Fulbright Foreign Scholarship Board**

U.S. Student Program
Foreign Student Program (*General information only*)

Institute of International Education (*IIE*)
809 United Nation Plaza
New York, N.Y. 10017
(212) 984-5330
www.iie.org

Foreign Students from the Middle East and North Africa

America-Mideast Educational and Training Services Inc.
(*AMIDEAST*)
1730 M Street, NW, Suite 1100
Washington, D.C. 20036
(202) 776-9600
www.amideast.org

U.S. Scholar Program
Visiting Scholar Program
Scholar-n-Residence Program
Senior Specialist Program
New Century Scholars Program

Council for International Exchange of Scholars (*CIES*)
3007 Tilden Street, NW, Suite 5L
Washington, D.C. 20008-3009
(202) 686-4000
www.cies.org

Junior Faculty from Central and Latin America

LASPAU: Academic and Professional Program for the Americas
25 Mount Auburn Street
Cambridge, MA 02138-6095
(617) 495-5255
www.laspau.harvard.edu

Teacher Exchange Program

Graduate School, USDA
600 Maryland Avenue, SW Suite 320
Washington, D.C. 20024-2520
(202) 314-3520
fulbright@grad.usda.gov
www.fulbrightexchanges.org

Educational Partnership Program
Hubert H. Humphrey Fellowship Program

United States Department of State
Humphrey Fellowships & Institutional Linkages Branch
301 4th Street, SW, Room 349, SA-44
Washington, D.C. 20547
(202) 619-5289
<http://exchanges.state.gov/education/hhh>

Study of the United States Program

United States Department of State
Study of the United States Branch
301 4th Street, SW, Room 252, SA-44
Washington, D.C. 20547
(202) 619-4557
<http://exchanges.state.gov/education/amstudy>

Fulbright Programs Focusing on Foreign Language and
area Studies

United States Department of Education
International Education and Graduate Programs
1990 K Street, NW, 6th Floor
Washington, D.C. 20006-8521
(202) 502-7700
www.ed.gov/offices/HEP/iegps