

Print or type answers.

Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Other:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Family name		Given name		Middle name	
Other name/Suffix:		Year of birth:	Country of citizenship:		

PROFESSIONAL/BUSINESS INFORMATION

Business/Organization Name			Current Position/Title		
Complete Business/Organization Address including Street and Room #					
City		State/Province	Postal Code	Country	
Business phone	Business FAX		Business email address		

RESIDENCE/HOME INFORMATION

Complete Mailing Address including Street and Apartment #				<input type="checkbox"/> Check if this is your preferred mailing address	
City		State/Province	Postal Code	Country	
Home phone	Home FAX		Home email address		

PASSPORT INFORMATION

Non-US citizens/permanent residents: Do you have a valid passport for validity six months beyond the fellowship end date? Yes <input type="checkbox"/> No <input type="checkbox"/>
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POST-SECONDARY INFORMATION

Institution Attended	Major	Dates	Degree

POSITIONS PREVIOUSLY HELD

Position Title	Organization	Dates

MEMBERSHIPS AND POSITIONS IN PROFESSIONAL ASSOCIATIONS; PROFESSIONAL AND ACADEMIC HONORS

TRAVEL OUTSIDE HOME COUNTRY (please list countries, year)

LANGUAGE ABILITY

Language	Speaking Proficiency (fair/good/excellent)	Reading Proficiency (fair/good/excellent)

HAVE YOU PREVIOUSLY PARTICIPATED IN AN EAST-WEST CENTER PROGRAM(S)? IF YES, LIST NAME(S) OF PROGRAM(S) AND YEAR(S).

Financial support is not required, but employers are encouraged to consider cost sharing as a demonstration of commitment to the goals of the program. **Completion of this form is required regardless of your ability to provide financial support to the applicant.** If you are unable to provide support, please mark that option below. Please note that applicant will be responsible for all costs related to obtaining visas for the program.

APPLICANT INFORMATION

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Family name	Given name	Middle name
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If the above applicant is selected for the Jefferson Fellowship, our organization will provide the following support (check all that apply):

- Air transportation
 - Full trip, or
 - Cost share up to a maximum amount of US\$ _____
- Per diem in Honolulu at US\$30.00 per day.
- Per diem during the travel period of US\$ _____ per day.
- Housing (with kitchen) at EWC guesthouse at US\$52.00 per day.
- Other (to be discussed with the East-West Center).
- We are unable to provide financial support.

EMPLOYER INFORMATION

Name	Position/Title	
Organization Name		
Business phone	Business FAX	Business email address