

EAST-WEST CENTER



**JEFFERSON FELLOWSHIPS APPLICATION
INSTRUCTIONS**

IMPORTANT: Your application is not complete until **all** of the following are submitted:

- The entire application form (pages 1 & 2). If you need more space, you may attach additional pages.
- A letter from you outlining issues of interest, a brief description of your organization, and what you expect to accomplish if an award is granted. Please suggest topics you propose to address in your paper and presentation at the Center (Maximum 3 pages, double-spaced, please).
- Names, addresses, phone/fax numbers and e-mail, if available, of three people who may be contacted by the Center as references. Two of these references should be people outside your news organization.
- A letter of recommendation on official letterhead, with original signature, from your supervisor describing your suitability for the Fellowship and the benefit the organization hopes to derive from your participation in the program.
- The “Employer’s Statement of Support” form (the last page of this application).

***Note:** Samples of your work are not required. If you wish to include samples, we prefer web links to articles (when possible) rather than hard copies.

Return by Wednesday, January 21, 2009 via:

E-MAIL: jefferson@eastwestcenter.org

OR

FAX: (808) 944-7600

OR

POST: Jefferson Fellowships Program, East-West Seminars
East-West Center, 1601 East-West Road, Honolulu, Hawaii, 96848-1601, USA

For information or clarification call: (808) 944-7682

PLEASE NOTE, for fax and e-mail submissions: Indicate “**Jefferson Fellowships Application**” in the subject heading. We will confirm receipt of the application within 5 working days. If you do not hear back from us, please follow up.

Applications must be received at the East-West Center by the application deadline in order to be considered.

EAST-WEST CENTER



JEFFERSON FELLOWSHIPS APPLICATION

Employer's Statement of Support

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.

Name of applicant:

(Mr./Ms./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 \$30.00 per day.
- Per diem during the travel period of US\$ _____ per day.
- Housing (with kitchen) at EWC guesthouse at \$52.00 per day.
- Other (to be discussed with the East-West Center).
- We are unable to provide financial support.

Employer's signature _____ Date: _____

Name: _____

Position: _____

Organization: _____

Telephone: _____ Fax: _____ E-mail: _____

This form is available online at <http://www.eastwestcenter.org/jefferson>.

You may type directly onto this form using Adobe Acrobat software, available free of charge at <http://www.adobe.com/products/acrobat/readstep2.html>.
Click on the fields below to enter your information.

EAST-WEST CENTER



JEFFERSON FELLOWSHIPS APPLICATION

Please type or print legibly. Use additional pages if necessary.

Name of applicant (Mr./Ms./Dr.): _____
(Exactly as it appears in passport) *Family Name* *Given Name* *Middle Name*

Country of legal permanent residence: _____

Passport: Number: _____ Country of Issue: _____

Expiration Date: _____ Place of Issue: _____ Male: _____

Date of Birth: _____ Place of Birth: _____ Female: _____
Month / Day / Year *City / Country*

Current Position/Title: _____

Name of News Organization: _____

Full Office address: _____
Street Number or Post Office Box

City *State* *Zip* *Country*

Office Phone Number: _____ Office Fax: _____

Office E-mail address: _____

Home Address: _____
Street Number or Post Office Box

City *State* *Zip* *Country*

Home Phone Number: _____ Home Fax: _____

Home E-mail address: _____

*Note: We will communicate with you via e-mail or your office fax, unless you indicate otherwise.

For items below, you may submit a resume containing requested information.

Post-Secondary Education

Institution attended Major Subject Dates Degree

CONTINUED ON NEXT PAGE

Positions Previously Held (last ten years)

Position Title	Organization	Dates

Memberships and Positions in Professional Associations; Professional and Academic Honors

Travel Outside Home Country (please list countries, year and purpose of travel)

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 so, please list name(s) of program(s) and year(s).

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- A letter of recommendation on official letterhead, with original signature, from your supervisor describing your suitability for the Fellowship and the benefit the organization hopes to derive from your participation in the program.
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Return by Wednesday, June 4, 2008 via:

E-MAIL: jefferson@EastWestCenter.org

FAX: (808) 944-7600

POST: Jefferson Fellowships Program, East-West Seminars
East-West Center, 1601 East-West Road, Honolulu, Hawaii, 96848-1601, USA

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