East-West Center

Fellowships for Early Career Lecturers from Asian Universities

# **Application Form**

**PLEASE RETURN TO:**

**Email:** [**fellowships@EastWestCenter.org**](mailto:fellowships@EastWestCenter.org) **or mail to:**

**Dr. Jefferson Fox**

**Director of the Research Program (outgoing)**

**East-West Center**

**1601 East-West Road**

**Honolulu, Hawai‘i 96848-1601, USA**

**PERSONAL INFORMATION:** Full name as it appears on your passport. Please do not use initials.

Select one:  Dr  Mr  Mrs  Ms  Other

Select one:  Female  Male

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| --- | --- | --- | --- | --- |
| Family Name: | | First Name: | | Middle Name: |
| Country of Citizenship: |  | | | |
| Country of Legal Permanent Residence: |  | | | |
| Present Position/Title: |  | | | |
| Organization/Institution: |  | | | |
| Full Address: |  | | | |
| Business Telephone: | | | Business Fax: | |
| Business Email: | | | | |
| Home Telephone: | | | Home Fax: | |

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| **VISA INFORMATION (for non-U.S. Citizen):**  1. If you are currently residing in the U.S., please specify your visa status (i.e., B-1, J-1, H-1, etc.): |
| 2. Have you been in the U.S. as a J-1 Scholar or Research Scholar within the past 12 months prior to this award?  If yes, please specify the dates: |
| 3. Have you been in the U.S. as a J within the 12 months prior to this award?  If yes, please specify the dates: |

|  |  |
| --- | --- |
| Signature: | Date: |

*(if returning by email, please sign by typing your name into the signature block)*