



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	
Twitter handle		Instagram handle		Blogs/websites/other social media accounts:	

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		Mobile Phone		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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TRAVEL OUTSIDE HOME COUNTRY (please list countries, year, and purpose of travel. Feel free to attach a separate sheet if needed)

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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

ENGLISH LANGUAGE ABILITY

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

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

PROGRAM FEE PAYMENT COMMITMENT

*I am aware of and am committed to paying the required 2019 Jefferson Fellowships fee of **USD\$800.00**.*

Yes No Type Full Name Signature

PLEASE INDICATE HOW YOU PLAN TO PAY THE \$800 PROGRAM FEE

Employer will pay	Own funds	Other, please list

Electronic Signature: I understand that typing my name below serves as a valid signature confirming that the information provided in this application is true to the best of my knowledge. I understand that false information could lead to invitation or awards being withdrawn or dismissal from the program.

Signature of Applicant (please type your full name):

Date: