

NAME: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

# 2010 EDMUND S. MUSKIE GRADUATE FELLOWSHIP PROGRAM APPLICATION

A program of the Bureau of Educational & Cultural Affairs,  
US Department of State

1. NAME (AS WRITTEN ON OFFICIAL DOCUMENTS): \_\_\_\_\_  
(Family Name) (First Name) (Middle Name)

2. COUNTRY OF CITIZENSHIP: \_\_\_\_\_

3. COUNTRY OF LEGAL RESIDENCE: \_\_\_\_\_

4. PLACE OF BIRTH: \_\_\_\_\_  
(City or Town) (Country)

5. DATE OF BIRTH: \_\_\_\_\_  
(Month) (Day) (Year)

6. GENDER:  Male  Female

7. MARITAL STATUS:  Single  Married CITIZENSHIP OF SPOUSE (IF APPLICABLE): \_\_\_\_\_

8. IN ORDER TO RESPOND TO REQUIRED U.S. GOVERNMENT INQUIRIES, PLEASE CHECK THE BOX BELOW, ON A VOLUNTARY BASIS, IF YOU HAVE THE FOLLOWING DISABILITIES:

Hearing Impairment  Speech Impairment  Visual Impairment (Legally Blind)

Orthopedic Impairment  Learning Disorder  Other (specify): \_\_\_\_\_

9. CURRENT CONTACT INFORMATION:

Address Type:  Permanent Residence  Dormitory  Temporary Residence (Other Than Dormitory)

Street / Building number: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ Postal Index: \_\_\_\_\_

Region: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone (if Applicable): (\_\_\_\_) \_\_\_\_\_

10. PERMANENT HOME ADDRESS (IF DIFFERENT FROM CURRENT):

Street / Building Number \_\_\_\_\_ Apartment \_\_\_\_\_

City: \_\_\_\_\_ Postal Index: \_\_\_\_\_

Region: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone (If Applicable): (\_\_\_\_) \_\_\_\_\_

*Applications are free of charge and may be duplicated.*

**Application deadline for applicants from Belarus: 5:00 pm, Monday, November 2, 2009**

**2010 Edmund S. Muskie Graduate Fellowship Program**

NAME: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

**11. WORK ADDRESS (If Applicable):**

Name of Business: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Street \_\_\_\_\_

City: \_\_\_\_\_ Postal Index: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**12. EDUCATIONAL BACKGROUND:** In the table below, please list all universities, institutes, and special academic programs you have attended or are currently attending, with the most recent listed first. Transliterate directly from your native language into English spelling all words pertaining to your education. Do not use American equivalents unless you hold a degree from a U.S. academic institution.

**Example**

Institution & City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received or Expected
Moscow State University, Moscow	Department of Journalism	August 1990- May 1995	Diploma	May 1995

Institution & City	Department	Dates (month/year)	Type of Degree	Date Degree Received or Expected

**13. TESTING:** If you have not taken the Test of English as a Foreign Language (TOEFL), Graduate Record Examinations (GRE) or the Graduate Management Admission Test (GMAT) and are selected as a semi-finalist, you will be required to take the TOEFL and GRE or GMAT (business administration applicants) exams. The cost of these examinations will be covered by 2009 Muskie Fellowship.

*If you have previously taken any of the above-mentioned examinations, please give your score and the date and place where you took the examination. Attach a copy of your score report to the application if available. If selected, you may be required to submit official test results via ETS directly to the Muskie Program.*

**TOEFL Score:** \_\_\_\_\_ **Date (mm-dd-yyyy):** \_\_\_\_\_ **Location:** \_\_\_\_\_

**GRE Score:** \_\_\_\_\_ **Date (mm-dd-yyyy):** \_\_\_\_\_ **Location:** \_\_\_\_\_

**GMAT Score:** \_\_\_\_\_ **Date (mm-dd-yyyy):** \_\_\_\_\_ **Location:** \_\_\_\_\_

I have not taken the TOEFL, GRE, GMAT examination.

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**2008 Edmund S. Muskie Graduate Fellowship Program**

NAME: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

D. HAVE YOU BEEN IN THE U.S. FOR ANY OTHER REASON?       Yes    No

IF YES, PLEASE LIST THE DURATION OF STAY IN THE UNITED STATES, EXCEPT FOR VISITS TO THE UNITED STATES AS A TOURIST  
(MONTH-DAY-YEAR – MONTH-DAY-YEAR)

\_\_\_\_\_

**21. EXTRA-CURRICULAR ACTIVITIES:** PLEASE LIST ALL VOLUNTEER POSITIONS, WORK EXPERIENCE, AWARDS, AND LEADERSHIP POSITIONS YOU HAVE HELD WITHIN THE PAST FOUR YEARS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**21. HOW LONG DID IT TAKE YOU TO ANSWER THIS SURVEY?** \_\_\_\_\_ MINUTES.

**PRIVACY STATEMENT**

THIS INFORMATION IS BEING COLLECTED TO EVALUATE A CANDIDATE'S ELIGIBILITY AND SUITABILITY FOR PARTICIPATION IN AN EXCHANGE PROGRAM OF THE BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS, U.S. DEPARTMENT OF STATE. RESPONSES ARE VOLUNTARY, HOWEVER, INSUFFICIENT APPLICANT DATA COULD DISABLE A SUCCESSFUL APPLICATION PROCESS.

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