

# Study of the U.S. Institutes Secondary Educator Application Form

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## **A. Title of Institutes**

Select one option below. You may only select ONE option:

1. Secondary Educator (Teachers)
2. Secondary Educator (Administrators)

## **B. Applicant's Full Name**

Please state your name exactly as it appears on your passport.

Prefix:

Last Name:

First Name:

Middle Name:

## **C. Gender**

Please circle one: Male/Female

## **D. Date of Birth**

Type mm-dd-yyyy:

## **E. City of Birth**

Please detail city of birth and state:

## **F. Country of Birth**

Please indicate country of birth:

## **G. Citizenship:**

Primary:

Secondary (if applicable):

## **H. Residency**

Name country:

## **I. Medical, Physical, Dietary or Other Personal Considerations**

Select Disability:

1. Blind & Visual Impairments
2. Deaf & Hearing Impairments
3. Learning Disabilities
4. New Disability Description
5. Physical Disabilities
6. Psychiatric Disabilities
7. Systemic Disabilities

Please describe any pre-existing medical conditions, including any prescription medication applicant may be taking, or any other dietary or personal consideration.

This will not affect the applicant's selection, but will enable the host institution to make any necessary accommodations.

## **J. Applicant's Contact Information**

Address:

City:

Home State or Province:

Postal Code

Home Country Name:

Email:

Phone:

Emergency Contact Name & Relationship:

Emergency Contact Phone:

## K. Current Position, Title, Institution

Primary Position:

1. Public Secondary School Teacher
2. Private Secondary School Teacher
3. National Curriculum/Exam Developer
4. Teacher Trainer
5. Textbook Writer
6. Other

Title:

Organization Name:

Organization Country:

## L. Work Experience

Include previous positions and titles. Insert additional rows if needed.

<b>From: (date)</b>	<b>To: (date)</b>	<b>Title/Institution (Please specify if position is part-time)</b>

## M. Education, Academic and Professional Training

Please list all earned degrees beginning with most recent. Degrees listed should reflect the closest U.S. equivalent. Insert additional rows if needed.

<b>Degree Earned</b>	<b>Year Earned</b>	<b>Specialization/Institution</b>

Additional Professional Training:

## N. Active Professional Memberships

Active Professional Memberships independent of current professional responsibilities. These should not include university committee work or other professional duties directly related to current employment. Insert additional rows if needed.

Position	Title	Organization

## O. Publications Related to the Institute Theme (up to 10)

Please list all foreign titles in English, including whether book, chapter, journal article, newspaper article, web article, etc.

Publication Type	Year	Title Publisher

## P. Applicant's Travel to the U.S. Before

Has the Applicant travelled to the U.S. before? Yes/No

If yes, please specify below. Add rows if needed

Purpose	From: (date)	To: (date)	Description

## Q. Family/Friends Residing in the U.S.

Does the Applicant have family/friends residing in the U.S.? Yes/No

If yes, please specify below. Add rows if needed.

Please include city and state: (i.e. John Doe—Chicago, IL)

## R. Evidence of English Fluency

Is the Applicant fluent in speaking, reading and writing in the English language? Yes/No

## S. Professional Responsibilities

### Current Courses Taught:

Course Title	Level of Students (Primary, Junior High, High School, Undergraduate, Masters, PhD)	Classroom Hours per Semester	# Students	U.S. Studies Content (%)

### Current Extra-Curricular/Co-Curricular Activities Leadership:

Activity	Position/Title	From (date)	To (date)	Description of Duties

### Other Potential Outcomes:

Please select any likely potential professional outcomes of this program:

- Update existing course
- School curriculum redesign
- New publication
- New professional organization
- Create new course
- National curriculum redesign
- Professional Promotion
- New Institutional linkages
- Create new degree program
- New research project
- Government or Ministry Policy
- Raise Institutional Profile

## **T. Personal Essay**

(Limit 250 words)

Please discuss why you wish to participate in this program. Include your current personal teaching philosophy, how your participation in the institute will enhance your work, improve education about the United States in your community, and help you achieve the “Other Potential Outcomes” you have checked above.