

**THE NORMAN E. BORLAUG INTERNATIONAL AGRICULTURAL SCIENCE AND
TECHNOLOGY FELLOWS PROGRAM**

APPLICATION FORM

APPLICATION FORM AND ALL ATTACHMENTS MUST BE IN ENGLISH. PLEASE TYPE OR PRINT LEGIBLY.

COMPLETE APPLICATION PACKET MUST INCLUDE:

- COMPLETED APPLICATION FORM
- ONE (1) PASSPORT-SIZE PHOTOGRAPH *ATTACH →
- PROGRAM PROPOSAL (PAGES 7-8 OF APPLICATION FORM)
- ONE (1) COPY OF PASSPORT IDENTIFICATION PAGE (SEPARATE ATTACHMENT)
- ONE (1) COPY OF UNIVERSITY TRANSCRIPTS (SEPARATE ATTACHMENT)
- SIGNED** APPLICANT CERTIFICATION FORM (PAGE 9 OF APPLICATION FORM)
- SIGNED** APPROVAL OF HOME INSTITUTION FORM (PAGE 9 OF APPLICATION FORM)
- TWO (2) OFFICIAL LETTERS OF RECOMMENDATION (PAGE 10 OF APPLICATION FORM)
- SIGNED** CONDITIONS OF TRAINING FORM (PAGES 11-12 OF APPLICATION FORM)



I. PERSONAL INFORMATION

LAST NAME (SURNAME) (EXACTLY AS SHOWN ON YOUR PASSPORT)		FIRST NAME (EXACTLY AS SHOWN ON YOUR PASSPORT)		MIDDLE NAME(S) (EXACTLY AS SHOWN ON YOUR PASSPORT)	
NATIONALITY		HOME MAILING ADDRESS		E-MAIL ADDRESS(ES)	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
WORK TELEPHONE NUMBER (INCLUDE COUNTRY / LOCAL AREA CODES)		HOME TELEPHONE NUMBER (INCLUDE COUNTRY / LOCAL AREA CODES)		MOBILE TELEPHONE NUMBER (INCLUDE COUNTRY / LOCAL AREA CODES)	
DATE OF BIRTH (MONTH/DATE/YEAR) ____ / ____ / ____ MONTH DATE YEAR		CITY AND COUNTRY OF BIRTH		CURRENT EMPLOYER	
PASSPORT NUMBER		PASSPORT ISSUE DATE ____ / ____ / ____ MONTH DAY YEAR	PASSPORT EXPIRATION DATE ____ / ____ / ____ MONTH DAY YEAR	NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY	
COUNTRY ISSUING PASSPORT				EMERGENCY CONTACT PERSON'S TELEPHONE NUMBER (INCLUDE COUNTRY / LOCAL AREA CODES)	

II. ACADEMIC EDUCATION

PLEASE LIST EACH COLLEGE OR UNIVERSITY YOU HAVE BEEN ENROLLED IN, **BEGINNING WITH THE MOST RECENT**. IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET AND INCLUDE YOUR FULL NAME ON IT.

NAME OF INSTITUTION AND COUNTRY	MAJOR FIELD OF STUDY	DATES ATTENDED	DEGREE EARNED	DATE COMPLETED
		____/____ -- ____/____ MONTH / YEAR MONTH / YEAR		____/____ MONTH / YEAR
		____/____ -- ____/____ MONTH / YEAR MONTH / YEAR		____/____ MONTH / YEAR
		____/____ -- ____/____ MONTH / YEAR MONTH / YEAR		____/____ MONTH / YEAR

III. TECHNICAL / PROFESSIONAL TRAINING OR COURSES

PLEASE LIST EACH RELEVANT TECHNICAL / PROFESSIONAL TRAINING OR COURSES YOU HAVE COMPLETED, **BEGINNING WITH THE MOST RECENT**. IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET AND INCLUDE YOUR FULL NAME ON IT.

NAME OF TRAINING OR COURSE	DATES	LANGUAGE OF INSTRUCTION	COUNTRY OF INSTRUCTION
	____/____ -- ____/____ MONTH / YEAR MONTH / YEAR		
	____/____ -- ____/____ MONTH / YEAR MONTH / YEAR		
	____/____ -- ____/____ MONTH / YEAR MONTH / YEAR		
	____/____ -- ____/____ MONTH / YEAR MONTH / YEAR		

IV. LANGUAGE SKILLS

LANGUAGE	READING			WRITING			SPEAKING		
	EXCELLENT	GOOD	LIMITED	EXCELLENT	GOOD	LIMITED	EXCELLENT	GOOD	LIMITED
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXCELLENT = FLUENT, ALWAYS COMPREHEND GOOD = PROFICIENT, CAN USUALLY COMPREHEND LIMITED = LITTLE OR NO COMPREHENSION

V. CURRENT EMPLOYMENT

ORGANIZATION OR COMPANY NAME / DEPARTMENT	MAILING ADDRESS AND TELEPHONE NUMBER
WEB SITE ADDRESS HTTP:// _____	
DATES OF EMPLOYMENT _____ / _____ -- _____ / _____ <small>MONTH YEAR MONTH YEAR</small>	YOUR POSITION TITLE
SUPERVISOR'S NAME / POSITION TITLE / DEPARTMENT	SUPERVISOR'S E-MAIL ADDRESS
	SUPERVISOR'S TELEPHONE NUMBER <small>(INCLUDE COUNTRY / LOCAL AREA CODES)</small>
DUTIES: PLEASE CONCISELY DESCRIBE YOUR CURRENT JOB-RELATED RESPONSIBILITIES AND ACCOMPLISHMENTS	

VI. EMPLOYMENT HISTORY

PLEASE LIST EACH JOB YOU HAVE HELD IN THE PAST FIVE YEARS **BEGINNING WITH THE MOST RECENT**. IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET AND INCLUDE YOUR FULL NAME ON IT.

ORGANIZATION OR COMPANY NAME / DEPARTMENT	MAILING ADDRESS AND TELEPHONE NUMBER
WEB SITE ADDRESS HTTP:// _____	
DATES OF EMPLOYMENT ____ / ____ -- ____ / ____ <small>MONTH YEAR MONTH YEAR</small>	YOUR POSITION TITLE
SUPERVISOR'S NAME / POSITION TITLE / DEPARTMENT	SUPERVISOR'S E-MAIL ADDRESS
	SUPERVISOR'S TELEPHONE NUMBER <small>(INCLUDE COUNTRY / LOCAL AREA CODES)</small>
DUTIES: PLEASE CONCISELY DESCRIBE YOUR JOB-RELATED RESPONSIBILITIES AND ACCOMPLISHMENTS	
REASON FOR LEAVING	

EMPLOYMENT HISTORY (CONTINUED)

ORGANIZATION OR COMPANY NAME / DEPARTMENT	MAILING ADDRESS AND TELEPHONE NUMBER
WEB SITE ADDRESS HTTP:// _____	
DATES OF EMPLOYMENT _____ / _____ -- _____ / _____ <small>MONTH YEAR MONTH YEAR</small>	YOUR POSITION TITLE
SUPERVISOR'S NAME / POSITION TITLE / DEPARTMENT	SUPERVISOR'S E-MAIL ADDRESS
	SUPERVISOR'S TELEPHONE NUMBER <small>(INCLUDE COUNTRY / LOCAL AREA CODES)</small>
DUTIES: PLEASE CONCISELY DESCRIBE YOUR JOB-RELATED RESPONSIBILITIES AND ACCOMPLISHMENTS	
REASON FOR LEAVING	

VII. AWARDS, HONORS, SCHOLARSHIPS

AWARD TYPE / TITLE	DESCRIPTION	DATE RECEIVED	AWARDING INSTITUTION

VIII. PROFESSIONAL PUBLICATIONS

PLEASE LIST YOUR PROFESSIONAL PUBLICATIONS BELOW USING THE STANDARD BIBLIOGRAPHICAL FORMAT.

IX. PROGRAM PROPOSAL (2-3 PAGES)

PLEASE DESCRIBE YOUR SCIENTIFIC BACKGROUND, RESEARCH INTERESTS, THE ISSUE(S) YOU WOULD LIKE TO ADDRESS DURING YOUR FELLOWSHIP, WHAT YOU HOPE TO ACCOMPLISH, AND HOW YOUR PARTICIPATION IN THIS PROGRAM WILL INCREASE AGRICULTURAL PRODUCTIVITY IN YOUR COUNTRY. (IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER AND INCLUDE YOUR NAME ON IT)

PROGRAM PROPOSAL (CONTINUED)

X. APPLICANT CERTIFICATION

I, _____, CERTIFY THAT ALL INFORMATION PROVIDED
PRINT YOUR FULL NAME
ON THIS APPLICATION FORM IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT WILLFUL
MISSTATEMENT MAY LEAD TO DISQUALIFICATION AND/OR REVOCATION OF THE FELLOWSHIP.

APPLICANT'S SIGNATURE _____ DATE _____

XI. APPROVAL OF HOME INSTITUTION

I CERTIFY THAT _____ IS A STAFF MEMBER AT _____
PRINT APPLICANT'S FULL NAME NAME OF INSTITUTION
AND IS UNDER MY SUPERVISION. I AGREE TO HIS/HER APPLICATION TO THE *NORMAN BORLAUG
INTERNATIONAL SCIENCE AND TECHNOLOGY FELLOWS PROGRAM* AND UNDERSTAND THAT, IF
SELECTED, THE CANDIDATE MUST BE AVAILABLE TO SPEND UP TO EIGHT WEEKS IN THE UNITED
STATES OR ANOTHER DESIGNATED COUNTRY WITHIN THE NEXT YEAR. I ALSO UNDERSTAND
THAT HE/SHE WILL PARTICIPATE IN A FOLLOW-UP ACTIVITY IN HIS/HER HOME COUNTRY
ROUGHLY 6-12 MONTHS FOLLOWING THE COMPLETION OF THE TRAINING, IF APPLICABLE
(CONTINGENT UPON PROGRAM FUNDING LEVELS).

SIGNATURE OF AUTHORIZED INSTITUTIONAL REPRESENTATIVE

DATE

PRINT NAME AND POSITION TITLE

XII. LETTERS OF RECOMMENDATION

PLEASE PROVIDE THE INFORMATION BELOW FOR EACH OF THE PEOPLE SUBMITTING LETTERS OF RECOMMENDATION FOR YOU.

NAME	INSTITUTION/ORGANIZATION AND POSITION TITLE	TELEPHONE NUMBER (INCLUDE COUNTRY/LOCAL CODES)	EMAIL ADDRESS
1.			
2.			

To DEPARTMENT HEAD AND ACADEMIC / PROFESSIONAL CONTACT:

PLEASE PROVIDE A 1-2 PAGE LETTER OF RECOMMENDATION ADDRESSING THE APPLICANT'S:

- 1) APTITUDE FOR SCIENTIFIC RESEARCH;
- 2) LEADERSHIP SKILLS;
- 3) LIKELIHOOD THE APPLICANT WILL BRING BACK NEW IDEAS AND HELP IMPLEMENT CHANGE AT HIS/HER INSTITUTION;
- 4) HOW HIS/HER PARTICIPATION IN THIS PROGRAM WILL BE ADVANTAGEOUS TO YOUR INSTITUTION/ORGANIZATION; AND
- 5) ANY OTHER PERTINENT INFORMATION YOU WOULD LIKE THE SELECTION PANEL TO CONSIDER.

THE APPLICANT IS REQUIRED TO SUBMIT TWO (2) OFFICIAL LETTERS OF RECOMMENDATION FROM THEIR SUPERVISOR/DEPARTMENT HEAD AND AN ACADEMIC OR PROFESSIONAL CONTACT OF THEIR CHOICE.

LETTERS SHOULD BE IN ENGLISH, WRITTEN ON OFFICIAL LETTERHEAD, AND INCLUDE YOUR CONTACT INFORMATION.

USDA BORLAUG FELLOWS PROGRAM CONDITIONS OF TRAINING

FULL NAME OF APPLICANT _____
(FAMILY NAME, GIVEN NAME, OTHER NAMES)

APPLICANT'S HOME COUNTRY _____

IF I AM ACCEPTED TO RECEIVE TECHNICAL TRAINING UNDER THE U.S. DEPARTMENT OF AGRICULTURE (USDA) BORLAUG FELLOWS PROGRAM, I AGREE TO ADHERE TO MY ARRANGED PROGRAM, TO DEVOTE MY TIME AND ATTENTION TO MY RESEARCH AND/OR PRACTICAL TRAINING, AND TO CONFORM TO THE USDA BORLAUG FELLOWS PROGRAM REGULATIONS AND PROCEDURES FOR THE DURATION OF MY FELLOWSHIP PROGRAM. I WILL NOT SEEK EXTENSION OF THE PERIOD OF MY PROGRAM AND WILL RETURN TO MY COUNTRY IMMEDIATELY UPON COMPLETION OF MY TRAINING ACQUIRED UNDER THIS PROGRAM. I AGREE TO CONFORM TO ALL LAWS OF THE UNITED STATES.

FURTHERMORE, I CERTIFY THAT I UNDERSTAND AND AGREE WITH THE FOLLOWING POLICIES OF THE BORLAUG FELLOWS PROGRAM:

I. DEPENDENTS:

USDA STRONGLY DISCOURAGES FAMILY MEMBERS/DEPENDENTS FROM ACCOMPANYING OR JOINING A PARTICIPANT WHILE HE/SHE IS IN TRAINING. THE BORLAUG FELLOWS PROGRAM IS NOT RESPONSIBLE IN ANY WAY FOR FAMILY MEMBERS.

II. CONDITIONS FOR TERMINATION OF TRAINING PROGRAMS:

USDA RESERVES THE RIGHT TO TERMINATE THE TRAINING PROGRAM OF THOSE PARTICIPANTS WHO:

- A. CHANGE THE COURSE OF STUDY WITHOUT AUTHORIZATION FROM THE USDA BORLAUG FELLOWS PROGRAM;
- B. FAIL TO SHOW SUFFICIENT INTEREST IN OR TO PURSUE EFFECTIVELY THEIR TRAINING PROGRAM;
- C. HAVE SEVERE MENTAL OR PHYSICAL HEALTH PROBLEMS.
- D. CONDUCT THEMSELVES IN A MANNER PREJUDICIAL TO THE PROGRAM OR TO THE LAWS OF THE UNITED STATES.
- E. MARRY DURING TRAINING WITHOUT SECURING PRIOR USDA APPROVAL.

F. HAVE FALSIFIED INFORMATION ON THE APPLICATION AND/OR SUPPORTING DOCUMENTS IN ANY WAY.

III. FINANCIAL SUPPORT:

THE APPLICANT IS AWARE THAT THE FINANCIAL SUPPORT PROVIDED BY THE USDA BORLAUG FELLOWS PROGRAM IS FOR TRAVEL, TRAINING FEES, EMERGENCY MEDICAL INSURANCE, LODGING AND FOOD ONLY. THE DAILY MAINTENANCE ALLOWANCE IS ADEQUATE FOR MEALS AND INCIDENTAL EXPENSES. THE USDA DOES NOT FUND ANY EXPENSES RELATED TO FAMILY MEMBERS ACCOMPANYING THE PARTICIPANT.

IV. HEALTH AND INSURANCE:

IT IS A **REQUIREMENT** BEFORE ARRIVAL IN THE UNITED STATES THAT EVERY PARTICIPANT HAS A PHYSICAL EXAMINATION AND BE DETERMINED TO BE IN GOOD HEALTH. **PROOF OF MEDICAL FITNESS IS REQUIRED BEFORE PARTICIPANT WILL BE ALLOWED TO TRAVEL TO THE UNITED STATES AS A BORLAUG FELLOW.**

THE INSURANCE PROVIDED TO THE PARTICIPANT WHILE IN THE UNITED STATES WILL COVER ONLY EMERGENCY MEDICAL CARE AND **DOES NOT** COVER PRE-EXISTING CONDITIONS, PRESCRIPTIONS, DENTAL OR OPTICAL TREATMENT. IN ADDITION, THE PARTICIPANT MUST PAY THE FIRST \$100.00 IN MEDICAL EXPENSES FOR EACH OCCURRENCE. **BY SIGNING BELOW, THE PARTICIPANT CERTIFIES AGREEMENT TO AND UNDERSTANDING THAT THE USDA AND ITS TRAINING PROVIDERS ARE NOT RESPONSIBLE FOR ANY COSTS RELATED TO MEDICAL CARE.**

V. DEBTS AND OBLIGATIONS:

THE PARTICIPANT WILL BE RESPONSIBLE FOR ALL DEBTS AND FINANCIAL OBLIGATIONS INCURRED WHILE IN THE UNITED STATES.

SIGNATURE BELOW INDICATES UNDERSTANDING AND AGREEMENT OF THE ABOVE TERMS AND CONDITIONS.

APPLICANT'S SIGNATURE

DATE