

Part 1: Applicant Information

Fulbright Distinguished Awards in Teaching Program for International Teachers (Fulbright DAI)

A program funded by the Bureau of Educational and Cultural Affairs (ECA) of the U.S. Department of State, and administered by IREX

APPLICATION FOR EDUCATORS

Please answer ALL questions. Incomplete applications will **NOT** be accepted.

Name (please spell exactly as it is written on your passport or other photo identification)				
First/Given name:				
Middle name:				
Family name/Surname:				
Title:	□ Dr. □ Mr. □ Mrs. □ Ms. □ Mx. □ Self-identify:			
Location				
Country of Citizenship:				
Country of Legal Residence:				
Place of Birth				
City of Birth:				
Country/Territory of Birth:				







Gender							
☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to answer ☐ Self-identify:							
Pronouns							
☐ He/him/his ☐ She/her/hers ☐ They/them/theirs ☐ Prefer not to answer ☐ Self-identify:							
Number of Years Teaching or working in Elementary or Secondary Education							
By the time I start this program, I will have been working in elementary or secondary education for years (not including student teaching practicums).							
Date of Birth (as listed on your passport or other photo identification)							
Month: Day: Year:							
Please check your birth month:							
□ January □ February □ March □ April □ May □ June							
□ July □ August □ September □ October □ November □ December							
If you are a classroom teacher, what discipline is your current PRIMARY teaching assignment?							
English							
☐ English for native speakers ☐ English for non-native speakers ☐ English literature							
□ English Grammar □ Other							
If you teach English for non-native speakers, what level of English are your students:							
□ Beginning □ Intermediate □ Advanced							
Mathematics							
□ Algebra □ Geometry □ Calculus □ Statistics □ Other:							
Science							
□ Chemistry □ Physics □ Earth Science □ Biology □ Other:							

Social Studies
Social Studies
□ History □ Geography □ Sociology □ Civics □ Economics □ Religion
□ Other:
Additional Subjects:
□ Art Type of Art:
□ Music Type of Music:
□ Vocational Education Type of Vocational Education:
□ Other Subjects:
Special Education (Working with students with learning or physical disabilities)
☐ English ☐ Mathematics ☐ Science ☐ Social Studies ☐ Other:
If you are a classroom teacher, what disciplines do you teach, in addition to your primary discipline listed above? (Select all that apply)
English
☐ English for native speakers ☐ English for non-native speakers ☐ English literature
□ English Grammar □ Other
If you teach English for non-native speakers, what level of English are your students:
□ Beginning □ Intermediate □ Advanced
Mathematics
□ Algebra □ Geometry □ Calculus □ Statistics □ Other:
Science
☐ Chemistry ☐ Physics ☐ Earth Science ☐ Biology ☐ Other:
Social Studies
☐ History ☐ Geography ☐ Sociology ☐ Civics ☐ Economics ☐ Religion
□ Other:

Additional Subjects:
□ Art Type of Art:
□ Music Type of Music:
□ Vocational Education Type of Vocational Education:
□ Other Subjects:
Special Education (Working with students with learning or physical disabilities)
☐ English ☐ Mathematics ☐ Science ☐ Social Studies ☐ Other:
□ English □ Mathematics □ Science □ Social Studies □ Other.
If you are not a classroom teacher, what is your primary responsibility in your educational
community:
☐ Guidance Counselor Students (age/grade level):
☐ Guidance Counselor Students (age/grade level):
☐ Guidance Counselor Students (age/grade level): ☐ Media Specialist Students (age/grade level):
☐ Guidance Counselor Students (age/grade level): ☐ Media Specialist Students (age/grade level): ☐ Librarian Students (age/grade level):
☐ Guidance Counselor Students (age/grade level): ☐ Media Specialist Students (age/grade level): ☐ Librarian Students (age/grade level): ☐ Teacher Trainer Beneficiaries (primary/secondary teachers, discipline):

Home Mailing Address: Street/Building Number _______ Apartment Number_______ (if applicable) City or Town ______ Country or Territory _______ Region/Province/State ______ Postal Index/Code ______ (if applicable) Telephone number ______ (ountry code + city code + number) (country code + city code + number) E-mail: ______ School Address: Name of School: _______

Country or Territory_____

Part 2: School Information

1. Is your school in an urban	, suburban (near but not in a city), o	r rural area?					
□ Urban □ Suburban □ Rural							
2. Is your school governmen	t-run, private, or funded in another v	vay??					
☐ Government-run ☐ Other	□ Private						
3. Is your school:							
□ Primary (Ages 6-12)	□ Secondary (Ages 12-18)	□ Both					
4. Are you a(n)							
□ Primary School Teacher?□ Secondary School Teacher□ Both	er?						
5. Total number of students	at the school:						
6. Total number of full-time to	eachers at the school:						
7. Total number of part-time	teachers at the school:						
8. Grade levels at the school	:						
	Note: This grade level format is based off the U.S. Education System. Please select the ages that you teach, even if they do not correspond with the grade levels in your country or territory.						
☐ 1 st (ages 6 - 7)	☐ 7 th (ages 12 - 13)						
☐ 2 nd (ages 7 - 8)	□ 8 th (ages 13 - 14)						
☐ 3 rd (ages 8 - 9)	□ 9 th (ages 14 - 15)						
☐ 4 th (ages 9 - 10)	□ 10 th (ages 15 - 16)						
☐ 5 th (ages 10 - 11)	□ 11 th (ages 16 - 17)						
☐ 6 th (ages 11 -12)	□ 12 th (ages 17- 18)						
	☐ Other (Please specify Ages): _	9.					

Average number of stude	ents per class (select one response):
□ 0-10	□ 61-70
□ 11-20	□ 71-80
□ 21-30	□ 81-90
□ 31-40	□ 91-100
□ 41-50	□ 100+
□ 51-60	
10. In the current school total?	year, across all terms and courses taught, how many students will you teach in
	rve an underserved or disadvantaged community (LGBTI, students with disabilities, nilies, racial/ethnic minority groups, etc.)? Please describe how in question 13.
□ Yes □ No	
12. Do students pay tuiti	on to attend the school? □ Yes □ No
If so, how much is t currency of payment	uition? Please specify whether tuition is paid monthly or annually, as well as the :
the students? What of work do students' to a marginalized or	ds, please tell us briefly about your school and the community it serves: Who are do they do when they graduate or complete their studies at your school? What kind parents do? How are students selected to attend your school? Do students belong under-resourced group or community? What do students do when they graduate ete their studies at your school? Please briefly share any other important information nmunity here.

Part 3: Background Considerations

1.	International Teachers (Fulbright DAI), the International Leaders in Education (ILEP), the Teaching Excellence and Achievement (TEA) program? If yes, what is their name, the program and the year of participation?
	□ Yes □ No
	Name(s):
	Program:
	Dates of Participation:
2.	Are you currently, or have you previously been a teacher with the English Access Microscholarship Program?
	□ Yes □ No
	Dates of Participation:
3.	Are you currently applying to any other U.S. government sponsored program, including online programs'
	□ Yes □ No
	If yes, please specify which program:
	Program Dates:
	Name of sponsoring organization:
4.	Are you currently applying or do you plan to apply to any professional development programs in other international locations? $\ \Box$ Yes $\ \Box$ No
	If yes, please specify which program:
	Program Dates:
	Name of sponsoring organization:
5.	Have you previously submitted an application (but were not selected) for the (Fulbright) Teaching Excellence and Achievement (TEA) Program, the International Leaders in Education Program (ILEP), of the Fulbright Distinguished Awards in Teaching program for International Teachers (Fulbright DAI)?
	□ Yes □ No
	If yes, please specify which program:
	Program Dates:

6. Have you previously participated in (Fulbright) Teaching Excellence and Achievement (TEA) Program, the International Leaders in Education Program (ILEP), or the Fulbright Distinguished Awards in Teaching program for International Teachers (Fulbright DAI)?							
	□ Yes □ N	0					
	If yes, please spec	ify which progra	m:				
	Program Dates:						
7.	Have you traveled outsi	de your home co	ountry before? Yes [⊒ No			
8.	Have you traveled to the	e United States I	before? □ Yes □ No				
9.	include trips for work a including the (Fulbright Exchange Program, Fu	nd exchange pro t) Teaching Exc albright Scholar	ograms. Also include any tri _l ellence and Achievement P	side of your home country. Please os sponsored by the U.S. government rogram, Fulbright Classroom Teacher Program, Study of the U.S. Institute, ad.			
	Please provide as man	y details as poss	sible in the "Notes" column.	Please do not include personal travel.			
	International Location Visited	Length and Dates of Travel	Reason for Visit (Work/ Exchange Program/Professional development/study//teaching abroad)	Notes: Name of program & sponsoring organization			

10. Please note that preference will be given to qualified candidates who have not previously received a Fulbright award or traveled abroad for study, teaching, research or other employment, If you have previous professional experience abroad, please describe impact this experience(s)had on your teaching. Please also explain how you and your students would further benefit from your participation in the program to which you are applying. Please note that this program is not intended for alumni of the Fulbright Distinguished Awards in Teaching or the International Leaders in Education Programs (200 words maximum).						
11. Have you ever been convicted of a	crime?					
☐ Yes ☐ No						
If yes, please provide additional information, including a description of the factual circumstances of the arrest or conviction and any supporting documentation.						

Part 4. Educational Background

Please list your educational background. Please list your most recent education first.

Name of Institution/School	Location of School (City/Country /Territory)	# of years of study	Field of Study	Degree/Certificate (High School Diploma, College, Postgraduate (e.g. Masters, PhD), etc.)	Year Degree Awarded	
What is your highest level of educational attainment?						
☐ Bachelor's Degree ☐ Mas	ter's Degree [□ Doctor	al Degree □ C	Other		
2. What degree/qualification is required to be a teacher in your home community?						
3. Please confirm that you have obtained the required degree/qualification required in your home community to be a certified teacher:						
□ Yes □ No						
4. Foreign Language Proficiency: Please rate your proficiency for each language you know in the categories of reading, writing, comprehension and speaking. Please rate on scale of 1 to 5 with 1 being low, and 5 being high.						
Scale: 1-low 2-low intermediate 3 intermediate 4-high intermediate 5-advanced/fluent						

Language	Reading	Writing	Comprehension	Speaking

Part 5. Work History

Current School Information.

Work History: Please list below your work history for the past five years. **Please list your current position first.**

If you have held multiple positions at one school, please list that school only once, but include all the positions and dates you held those positions on the Position/Title line

Name of school:	
Position/Title:	
Length of employment (dates):	
Grade level(s) taught and age range of students:	
Number of hours per week teaching:	
Primary discipline taught:	-
Additional duties:	<u>-</u>
Previous School Information	
Name of school:	
Position/Title:	
Length of employment (dates):	
Grade level(s) taught and age range of students:	
Number of hours per week teaching:	
Primary discipline taught:	
Additional duties:	
Previous School Information	
Name of school:	
Position/Title:	
Length of employment (dates):	
Grade level(s) taught and age range of students:	
Number of hours per week teaching:	
Primary discipline taught:	<u>.</u>
Additional duties:	



Part 6. Teaching Schedule and additional activities

1.	If you are a	a classroom teacher, do you have a full-time teaching schedule?	
	l Full-Time	□ Part-Time □ Not Applicable	
2	How many	hours on average does a full-time teacher teach per week in your community?	

School Name	Day of the Week	Time of Day	Length of Class/Responsibility (in minutes)	Subject	Grade Level	Number of Students in the Class	Age of Students
Sample Schedule	Monday	9:00 – 9:45 am	45 minutes/ Teacher	Geography	Level 9	55 students	14 – 15 years
Sample Schedule	Monday	10:00 – 10:55 am	55 minutes/ Teacher	Civics	Level 10	55 students	16 – 17 years
Sample Schedule	Monday	1:00 – 1:45 pm	45 minutes/Teacher	History	Level 10	55 students	16 – 17 years
Sample Schedule	Monday	2:00 – 3:00 pm	60 minutes/ grading	Prep			
Sample Schedule	Tuesday	8:30 – 9:25 am	55 minutes/ Teacher	Civics	Level 10	55 students	16 – 17 years

<u>Please provide a sample of your weekly teaching or education schedule</u>. This should include all classes you are currently teaching including planning and prep time, as well as additional responsibilities outside of teaching. If you teach in more than one school, please indicate the school name. A sample is provided above. Please include information about your schedule at the time of this application. If you are not a classroom teacher, please still indicate your weekly school responsibilities below.

Your Current Schedule:

School Name	Day of the Week	Time of Day	Length of class/ responsibility (in minutes)	Subject	Grade Level	Number of Students in the Class	Age of Students



Part 7. Additional Education or Professional Experience and Activities

a. Please list activities you have pursued to maintain and improve your professional training as an educator (for example, conferences, professional training, publications, certificate programs, etc.). Please indicate if you have led trainings or professional development programs. Please also list any professional organizations of which you are a member and describe relevant work in your community outside of school.
b. In 500 words or less, please name 5-10 of your most significant publications, honors, awards, and other professional accomplishments in the past 10 years.
c. Please describe the professional development opportunities available to educators in your community.

Part 8. Statement of Purpose:

Your responses will give the nomination committee an opportunity to better understand you as an education leader and your desire to participate in the program. Statements must be clearly written in order to be considered. Please write a minimum of 200 words and a maximum of 500 words for each response.

minimum of 200 words and a maximum of 500 words for each response.
a. Why do you want to participate in the Fulbright DAI Program? How will completing an exchange program impact your personal and professional goals? How will your community benefit from your participation in the program?
b. Describe an occasion when you were a leader or set a positive example in your school.
c. Describe the opportunities or challenges for students in your community to receive a quality education. If applicable, describe how you have expanded or improved opportunities for access to education, or addressed other important issues related to quality education in your community.
d. During the Fulbright Distinguished Awards in Teaching Program, participants interact closely with educators from other areas of the world. What steps would you take to work and collaborate successfully with a person from another culture, country, or identity? Give an example of a time you had to demonstrate flexibility interacting with someone who is different from you.

Part 9. Inquiry Project:

One component of the Fulbright Distinguished Awards in Teaching Program for International Teachers (Fulbright DAI) is to develop and complete a project relevant to classroom practice, teacher professional development, or to otherwise enhance education in your primary or secondary school community. Keeping in mind the challenges you identified in (c) of your Statement of Purpose, please describe a project you would like to undertake while in the United States. Please note that the project may be completed as an individual or group effort. Participants typically use interviews, observations, meetings, and other activities to complete their projects. The inquiry project is intended to be practice-based and is not designed to support the development of dissertations or other research activities. Ph.D. students and researchers are encouraged to apply for the Fulbright Scholar Program or other more relevant programs.

Projects might include developing a unit of study on a specific topic or using specific methodologies, designing professional development workshops for colleagues, creating new educational materials, developing a curriculum or an action plan for differentiated instruction or that meets the needs of marginal populations (girls, immigrant or refugee students, students from low-income families, or other at-risk youth), or other topics of your choice. You will likely make changes to your project ideas once you begin your program in the United States, but please share your current thinking. Use your imagination and plan to remain flexible. Though we cannot guarantee that a host university will have faculty or partner teachers in exactly your area of interest, staff will do their best to connect you with relevant people and resources.

a. Based on the challenges in your educational community identified above, in one sentence, please describe the topic or issue you would like to explore while on the Fulbright Distinguished Awards in Teaching Program for International Teachers (Fulbright DAI).

- b. Please answer the questions below with a minimum of 200 words and a maximum of 500 words for all the bulleted items below.
 - Why do you want to learn about this topic? What question(s) would you like to answer?
 - What format do you propose for your inquiry project so as to share it most effectively and widely in your home community (for example, a series of lesson plans, a teacher training, a publication...)?
 - How will learning about this topic or issue in the United States enhance your professional development and career goals?
 - How will completing a project on this topic will enhance education for students from under-resourced or marginalized groups or communities?

Part 10. Other:

Family and Dependent Travel

Children and spouses may accompany international teachers, but participants are responsible for the cost of their international and domestic travel, health insurance, meals, and accommodations and must make all arrangements for them, including schooling where appropriate, for the duration of the program. If you intend to have dependents accompany you during the program, please indicate your accompanying dependent details below. If you do not intend to have dependents accompany you, you may leave this section blank.

Relationship:Age (s) of Accompanying Dependent (s): Disability Status We strive to create programs and services that represent and serve the full diversity of the community. We are asking the following question about disability to ensure that we are meeting this goal. How do you describe your ability status? Please select all that apply regardless of whether you typically request accommodations. A sensory impairment (vision or hearing) A long-term medical illness (e.g., epilepsy, cystic fibrosis) A mobility impairment An intellectual disability	Last Name:
Age (s) of Accompanying Dependent (s): Disability Status We strive to create programs and services that represent and serve the full diversity of the community. We are asking the following question about disability to ensure that we are meeting this goal. How do you describe your ability status? Please select all that apply regardless of whether you typically request accommodations. A sensory impairment (vision or hearing) A long-term medical illness (e.g., epilepsy, cystic fibrosis) A mobility impairment An intellectual disability	First Name (s):
Disability Status We strive to create programs and services that represent and serve the full diversity of the community. We are asking the following question about disability to ensure that we are meeting this goal. How do you describe your ability status? Please select all that apply regardless of whether you typically request accommodations. A sensory impairment (vision or hearing) A long-term medical illness (e.g., epilepsy, cystic fibrosis) A mobility impairment An intellectual disability	Relationship:
We strive to create programs and services that represent and serve the full diversity of the community. We are asking the following question about disability to ensure that we are meeting this goal. How do you describe your ability status? Please select all that apply regardless of whether you typically request accommodations. A sensory impairment (vision or hearing) A long-term medical illness (e.g., epilepsy, cystic fibrosis) A mobility impairment An intellectual disability	Age (s) of Accompanying Dependent (s):
are asking the following question about disability to ensure that we are meeting this goal. How do you describe your ability status? Please select all that apply regardless of whether you typically request accommodations.	Disability Status
Please select all that apply regardless of whether you typically request accommodations. A sensory impairment (vision or hearing) A long-term medical illness (e.g., epilepsy, cystic fibrosis) A mobility impairment An intellectual disability	We strive to create programs and services that represent and serve the full diversity of the community. We are asking the following question about disability to ensure that we are meeting this goal.
 □ A sensory impairment (vision or hearing) □ A long-term medical illness (e.g., epilepsy, cystic fibrosis) □ A mobility impairment □ An intellectual disability 	How do you describe your ability status?
☐ A long-term medical illness (e.g., epilepsy, cystic fibrosis) ☐ A mobility impairment ☐ An intellectual disability	Please select all that apply regardless of whether you typically request accommodations.
☐ A mobility impairment ☐ An intellectual disability	☐ A sensory impairment (vision or hearing)
☐ An intellectual disability	☐ A long-term medical illness (e.g., epilepsy, cystic fibrosis)
·	☐ A mobility impairment
	☐ An intellectual disability
☐ A temporary impairment resulting from liliness or injury (e.g., broken ankle, surgery)	\square A temporary impairment resulting from illness or injury (e.g., broken ankle, surgery)
☐ I do not identify with a disability or impairment	☐ I do not identify with a disability or impairment
☐ I prefer not to answer	☐ I prefer not to answer
□ Self-identify:	□ Self-identify:

What other information is important for us to know about your ability status?

Outreach			
How did you learn about the Fulbright DAI program?			
☐ Colleague ☐ Teacher Exchange Program Alumnus/a	□ Friend	☐ School Administrator	
\square U.S. Embassy Official or Regional English Language Official	ce □ Full	bright Commission	
☐ Email message ☐ Other:			
Additional Space: Please use this space for any additional in fit elsewhere in the application	nformation. Incl	ude any responses that did r	ot

IREX PRIVACY POLICY & APPLICATION CERTIFICATION STATEMENT

Your privacy is important to IREX. That is why we request that all applicants read the following privacy policy statement carefully.

1. Applicant and Participant Information Content and Storage

Information about program applicants and current and past participants consists of data contained in their applications, information derived from interviews, and information gathered during the course of their program and as program alumni. IREX stores this information in written and electronic form indefinitely. Some data, such as contact information and professional experience, is continually updated.

2. Use of Information

Information, which is described above, may be:

- A. Used by selection committees and interviewers to review applicants;
- B. Supplied to the program's funding organization;
- C. Submitted to potential host schools, universities, and/or organizations that provide Fellowship opportunities;
- D. Used for the evaluation of an individual's participation in the program and in the collection of data for general program evaluation by IREX and the program funding organizations;
- E. Used for notifying program participants/alumni of upcoming events and programs;
- F. Provided to participants/alumni of this and other US government-sponsored programs for the purpose of fostering alumni networking; and
- G. Used by IREX for general promotional purposes in written or electronic form, including program directories, newsletters, web sites and other promotional materials.

If the applicant or current or past participant does not want to be included in points F and G, it is their responsibility to notify their specific program administrator at IREX. An opportunity to do so will be included in the program Terms and Conditions document that participants submit when accepting the Fellowship.

IREX does not sell applicant, or current/past participant information.

The principles stated herein are binding only to IREX; other organizations involved in the implementation of these programs may adhere to other privacy or similar policies.

3. CERTIFICATION: I certify that I completed this application myself, without any aid or assistance, that all the responses to questions in this application are my own work and writing, and that I have not plagiarized any material. I certify that the information given in this application is complete and accurate, and that I have carefully read and understand all notes and disclaimers provided therein.

I understand that IREX reserves the right to verify all the information listed in the application. I understand that giving false or misleading information in the application will result in exclusion from the competition or immediate dismissal from the Fulbright Distinguished Awards in Teaching Program for International Teachers (Fulbright DAI).

Also, I acknowledge that I am aware of the following requirements that I must observe if I am selected for the program:

- I must abide by all program rules and regulations and observe all the laws of the United States during my stay there, including returning to my home community for at least two years at the conclusion of the program in compliance with J-1 visa requirements.
- If I choose to bring a spouse or children with me on the program in the J-2 (dependent) visa category,I understand that I will be responsible for the cost of their international and domestic travel, health insurance, meals, accommodations and that I must make all arrangements for them, including schooling where appropriate, for the duration of the program.
- The health benefit coverage provided to me during my travels is intended only for emergencies and does not cover ordinary medical or dental costs.

Signature of Applicant	Date