

# Attachment B

## Individual Scholarship Candidates Application Form

Thank you for participating in the Graduate Scholarships for Professionals Activity (GSP).

Please fill out this form (type) to be considered for the Graduate Scholarships for Professionals.

### Application Deadline: <u>Sunday July 14, 2019</u>

### I. Personal Information

First Name:
Last Name:
Date and Place of Birth:
Gender:
Telephone Number:
E-mail:
Type of Training Requested:
□ Master's Degree in the U.S
□ Master's Degree at U.S. Educational Institution in Egypt
Post -Doctoral Program
Semester Long Professional Training Program
Please Specify the academic field of your Scholarship:
General Discipline: Specific Discipline:
Have you received a Scholarship from the Central Department of Missions?
Yes: 🗆
No: 🗆
If yes Please specify
Are you enrolled in a doctoral program?
Yes: 🗆
No: 🗆
If YES Please specify the PhD registration Date:

University:	
Field of Study:	
Date of enrollment:	
Expected graduation date:	
Published Works:	
Yes: No:	
If yes Please specify	
English Language Score:	
TOEFEL IBT:	IELTS:

## **II. Academic Education**

	Baccalaureate	Master's	Doctorate
Name of the Institution:			
Field of Study:			
Degree and Date			
Completed:			

# III. Travel

Previous Travel to U.S. $\Box$				
Dates:		Purpose:		
Previous Travel Abroad				
Place:	Dates:	Purpose:		
Place:	Dates:	Purpose:		

# IV. Employment

Current Position :
Institution:
Year began working for the Institution:
Supervisor's Name and Title:

## V. Personal Duties and Goals

Briefly (in 1-3 sentences or bullet points) describe the duties performed in your current position:

Briefly (in 1-3 sentences or bullet points) list your short-term personal development goals and longer-term career goals, how they support the work and goals of your institution, and how they are connected to the proposed training or program of study under the GSP:

a) Short-term personal development goals (1-2 years):

b) Long-term career goals (5-10 years):

Briefly (in 1-3 sentences or bullet points) describe an area(s) of your work where you are particularly challenged in meeting your work objectives and how the proposed course of training through the GSP will address that challenge:

### VI. Skill/Training Needs

Short-term skills needed :

In 1-3 sentences or bullet points, briefly describe what do you want to do better at your current position?

What training or specialized skills acquired through the GSP will help you do better at your current position and help to meet the goals of your institution?

Type of training sought (choose one): (1) If Post-Doctoral, describe in detail your proposed research (add an attachment if needed). (2) If Masters, state the area of study and particular area of focus therein (e.g. biology with a focus on marine life). (3) If Professional Training, list the type of courses that you would like to take:(Required)

Briefly (in 1-3 sentences or bullet points) specify the research done into the type of course work or research available at U.S. universities: (Required)

Briefly (in 1-3 sentences or bullet points) describe the skills to be acquired from the requested training:

If you are awarded a scholarship, briefly (1-3 sentences or bullet points) explain:

a) How it will help you achieve your work objectives and benefit the institution as a whole?

b) How it will help you achieve your personal development and career goals?

## VII. Reintegration Plan

Upon Return to your Current Position: If you plan to return to the same position in your
office, what do you hope to do anything differently or better as the result of your new
skills/training? Please explain in 1-3 sentences or bullet points.

Will you attempt to make any improvements in how your office operates in its procedures? Briefly (in 1-3 sentences or bullet points) describe how you will do this.

<u>Going to a New Position:</u> If you plan to return to your office but, either immediately or later, would like to go into a different position, briefly (in 1-3 sentences or bullet points) explain:

- a) What is the new position?
- b) How will the training make you better qualified to assume it?

I certify that the information given in this application is complete and accurate to the best of my knowledge.

Name:	 	 _
Title:	 	_
Signature:	 	_
Date:		