Print Form

THE NORMAN E. BORLAUG INTERNATIONAL AGRICULTURAL SCIENCE AND TECHNOLOGY FELLOWSHIP 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
- ☐ Program proposal and Research Action Plan (pages 7-10 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 11 of application form)
- ☐ **Signed** approval of home institution form (page 11 of application form)
- ☐ Two (2) official letters of recommendation (page 12 of application form)
- ☐ **Signed** Conditions of training form (pages 13-14 of application form

***Attach your Passport-Size Photograph Here**

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 ◯ Male ◯ Female	**Home Mailing Address**		**Email Address(es)**
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) ____ / ____ / ____	**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. Proposed Topic Summary

Please **summarize in two to four sentences** your proposed research topic and goals. (You will have an opportunity to expand on proposal details in **Sections X and XI**)

III. 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	Type of Degree Earned	Date Completed
		____/____ -- ____/____ month / year month / year		____/____ month / year
		____/____ -- ____/____ month / year month / year		____/____ month / year
		____/____ -- ____/____ month / year month / year		____/____ month / year

IV. 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		

V. Language Skills

Language	Reading	Writing	Speaking
English			

Excellent = Fluent, always comprehend **Good = Proficient, can usually comprehend** **Limited = Little or no comprehension**

VI. Current Employment

Organization or Company Name / Department	**Mailing Address and Telephone Number**
Web Site Address HTTP://_____	
Dates of Employment _____/_____ -- _____/_____ Month year month year	**Your Position Title**
Supervisor's Name / Position Title / Department	**Supervisor's E-mail Address**
	Supervisor's Telephone Number (Include country / local area codes)
Duties: **Please concisely describe your current job-related responsibilities and accomplishments**	

VII. Previous Employment

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 _____/_____ -- _____/_____ Month year month year	**Your Position Title**
Supervisor's Name / Position Title / Department	**Supervisor's E-mail Address**
	Supervisor's Telephone Number (Include country / local area codes)
Duties: **Please concisely describe your job-related responsibilities and accomplishments**	
Reason for leaving	

Previous Employment (Continued)

Organization or Company Name / Department	Mailing Address and Telephone Number
Web Site Address HTTP://	
Dates of Employment Month / year -- month / year	**Your Position Title**
Supervisor's Name / Position Title / Department	**Supervisor's E-mail Address** **Supervisor's Telephone Number** (Include country / local area codes)
Duties: **Please concisely describe your job-related responsibilities and accomplishments**	
Reason for leaving	

VIII. Awards, Honors, Scholarships

Award Type / title	Description	Date Received	Awarding Institution

IX. Professional Publications

Please list your professional publications below using the standard bibliographical format.

X. Program Proposal (1-2 pages)

1. Please describe what you hope to accomplish during your fellowship. How do your research interests and scientific background relate to the goals of your program proposal?

2. How will your participation in this program contribute to enhanced agricultural productivity and/or food security in your country? (If additional space is needed please attach a separate sheet of paper and include your name on it.)

Program Proposal (Continued)

XI. Research Action Plan (1-2 pages)

Assuming a 6-12 week Fellowship period, please provide a weekly plan of proposed research activities and planned outcomes to be accomplished. We recognize that this plan may be subject to change, but we encourage you to be as specific as possible. ***(Also note any special materials and/or requirements needed for research)***

Research Action Plan (Continued)

XII. Applicant Certification

I, _____, certify the following:
Print your full Name

1. All information provided 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.

2. I have no known established and/or expected business, employment or other commitments that would prevent me from completing the Fellowship program if selected.

Applicant's Signature _____ Date _____

XIII. Approval of Home Institution

I certify that _____ is a staff member at _____
Print Applicant's Full Name

and is under my supervision. I agree to his/her application to the *Norman E. Borlaug International Agricultural Science and Technology Fellowship Program* and understand that, if selected, the candidate must be available to spend up to twelve 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

XIV. 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 specifically addressing the applicant's:

1) Leadership skills and likelihood he/she will bring back new ideas and implement change
2) Aptitude and experience in chosen scientific research;
3) Relationship to you; capacity and number of years known
4) Level of institutional support for his/her proposed research area and the link to his/her institution/department's strategic plan.
5) Research area's connection with improving food security and/or productivity

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 written in English on official letterhead and should include your contact information.

USDA Borlaug Fellowship 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 Fellowship 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 Fellowship 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 understand that I must fulfill the two year home residency requirement of the J-1 visa. 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 Fellowship Program:

I. Dependents:

USDA strongly discourages family members/dependents from accompanying or joining a participant while he/she is in training. The Borlaug Fellowship Program is not responsible in any way for family members. The USDA does not fund any expenses related to family members accompanying the participant.

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 Fellowship Program;
B. Fail to show sufficient interest in or to pursue effectively their training program;
C. Fail to notify USDA of significant medical issues that could impact program.
D. Conduct themselves in a manner prejudicial to the program or to the laws of the United States.
E. Fail to disclose plans to marry or extend stay in the U.S.A.
F. Obtain employment in the U.S. without prior USDA approval.

G. Falsify 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 Fellowship Program is for travel, training fees, emergency medical insurance, lodging and food only. The daily maintenance allowance is adequate for meals and incidental expenses and will be the ***only*** direct financial support provided to the Fellow.

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 treatment of pre-existing conditions, prescriptions, dental or optical treatment. In addition, the participant must pay the first US $500.00 of the total cost 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 to the above terms and conditions.

Applicant's Signature	**Date**