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**Attachment A**

**Individual Scholarship Candidates/Institutional 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:** October 17 , 2022

**I. Personal Information**

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| **Full Name:** |
| **Date and Place of Birth:** |
| **Gender:** |
| **Telephone Number:**  |
| **E-mail:** |
| **Type of Training Requested:**  [ ]  Semester Long Professional Training Program **Please Specify the academic field of study:** |
| **Have you received a Scholarship from the Central Department of Missions?****Yes:** [ ] **No:** [ ]  **If yes, please specify****Have you applied for the Graduate Scholarships for Professionals previously?****Yes:** [ ] **No:** [ ] **If yes, please specify what year and what type of training?** |
| **Are you enrolled in a doctoral program?** **Yes:** [ ]  **No:** [ ] **If yes, please specify****University:****Field of Study:****Date of enrollment:****Expected graduation date:****Published Works:** **Yes:** [ ]  **No:** [ ] **If yes, please specify** |
| **English Language score, place and date taken.****TOEFEL IBT: IELTS:** |

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**II. Academic Education**

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|  | **Baccalaureate**  | **Master’s**  | **Doctorate**  |
| **Name of the Institution:** |  |  |  |
| **Field of Study:**  |  |  |  |
| **Degree and Date Completed/Expected:**  |  |  |  |

**III. Travel**

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| **Previous Travel to U.S.** [ ]  |
| **Dates:** | **Purpose:**  |
| **Previous Travel Abroad** [ ]  |
| **Place:**  | **Dates:**  | **Purpose:**  |
| **Place:**  | **Dates:**  | **Purpose:**  |

**IV. Employment**

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| **Current Position:** |
| **Institution:** |
| **Year began working for the Institution:** |
| **Supervisor’s Name and Title:** |
| **Telephone Number: E-mail:** |

**V. Personal Duties and Goals**

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| **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:**1. **Short-term personal development goals (1-2 years):**
2. **Long-term career goals (5-10 years):**

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| **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**

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| **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): 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 or AUC: (Required)** |
| **If you are awarded a scholarship, briefly (1-3 sentences or bullet points) explain:**1. **How it will help you achieve your work objectives and benefit the institution as a whole?**
2. **How it will help you achieve your personal development and career goals?**

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**VII. Reintegration Plan**

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| **Upon Return to your Current Position: If you plan to return to the same position in your office, what do you hope to do 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.**  |
| **Going to a New Position: 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:**1. **What is the new position?**
2. **How will the training make you better qualified to assume it?**

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

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THIS SECTION MUST BE FILLED BY THE INSTITUTION**

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| **Institution:** |
| **Head of the Institution:** |
| **Briefly describe the steps undertaken to ensure that the Graduate Scholarships for Professionals Activity is broadly advertised within the institution (Please attach a copy of the internal advertisement):**  |
| **Briefly describe the steps undertaken to ensure that women and persons with disabilities receive an equitable portion of the scholarships:**  |
| **Training of Colleagues: When the scholarship recipient returns from training in the U.S. or Egypt, please describe how s/he will pass on the benefits of her/his training to others in their office? Briefly explain what steps the institution plans to take to ensure that such training takes place:**  |
| **Please designate a point of contact (POC) who will be in charge of monitoring the performance of the scholarship recipient after s/he reintegrates? Please mention name, title and contact info for this POC:**  |

**I certify that this candidate for the Graduate Scholarships for Professionals Activity is expected to achieve the objectives as well as the reintegration plan of his scholarship program as detailed in his/her application.**

**Head of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_