



STUDY OF THE U.S. INSTITUTE FOR SECONDARY EDUCATORS

SUMMER 2019 APPLICATION FORM



The deadline to apply for the 2019 Study of the U.S. Institute for Secondary Educators is Friday 4 January 2019. Applications should consist of 1) a completed application form, 2) a 250-word essay, and 3) two recommendations.

I. PERSONAL & CONTACT INFORMATION

1. **LAST NAME** Click or tap here to enter text.
2. **FIRST NAME** Click or tap here to enter text.
3. **COUNTRY OF CITIZENSHIP** Click or tap here to enter text.
4. **COUNTRY OF LEGAL RESIDENCE** Click or tap here to enter text.
5. **PLACE OF BIRTH** **City:** Click or tap here to enter text.
Country: Click or tap here to enter text.
5. **DATE OF BIRTH (MM/DD/YYYY)** Click or tap to enter a date.
6. **GENDER** Male Female Other/ Prefer not to specify
7. **HOME ADDRESS** **Street:** Click or tap here to enter text.
City: Click or tap here to enter text.
Zip Code: Click or tap here to enter text.
Country: Click or tap here to enter text.
8. **TELEPHONE** **Home phone:** Click or tap here to enter text.
Mobile phone: Click or tap here to enter text.
9. **EMAIL ADDRESS** Click or tap here to enter text.
10. **Have you ever traveled outside of Belgium?** Yes No
- 10b. **If yes, please list all countries:** Click or tap here to enter text.
11. **Have you ever traveled to the United States?** Yes No
- 11b. **If yes, please explain your previous travel experience in the United States in the box below.**

Click or tap here to enter text.

15. **Please describe any pre-existing medical conditions or other dietary and personal consideration in the box below. The information you provide will not affect your selection in the program, but will enable the host institution to make any necessary accommodations.**

Click or tap here to enter text.

16. EMERGENCY CONTACT

Name: Click or tap here to enter text.

Relationship to applicant: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

II. ACADEMIC/PROFESSIONAL INFORMATION

17. CURRENT (PRIMARY) POSITION	Choose an item.
17. TITLE	Click or tap here to enter text.
18. INSTITUTION	Click or tap here to enter text.
19. CURRENT COURSES TAUGHT:	Click or tap here to enter text.

19. Please list all earned degrees and any and all current teacher qualifications you have such as certificates, licensures beginning with the most recent. Degrees and teacher qualifications listed should reflect the closest United States equivalent.

Degree	Institution	Year Earned
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

20. Please list relevant work experience, including previous positions and titles.

Position (Job Title)	Institution	Start / End Dates
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

21. Have you contributed to any publications related to the Institute theme? Please list all foreign titles in English, including whether book, chapter, journal article, newspaper article, web article, etc.

Click or tap here to enter text.

22. You have already listed the courses you are responsible for teaching. Below, please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (e.g., curriculum design), and/or other pertinent information.

Click or tap here to enter text.

23. Please discuss your current extracurricular/co-curricular activities. This may include activities at your place of work (e.g., tutoring students, coaching sports team) as well as external activities in the larger community.

Click or tap here to enter text.

24. Please select any likely potential professional outcomes of this program:

- | | |
|--|--|
| <input type="checkbox"/> Update Existing Courses | <input type="checkbox"/> School Curriculum Redesign |
| <input type="checkbox"/> Create New Course | <input type="checkbox"/> National Curriculum Redesign |
| <input type="checkbox"/> Create New Degree Program | <input type="checkbox"/> New Publication |
| <input type="checkbox"/> Government or Ministry Policy | <input type="checkbox"/> New Research Project |
| <input type="checkbox"/> Raise Institutional Profile | <input type="checkbox"/> New Professional Organization |
| <input type="checkbox"/> Professional Promotion | <input type="checkbox"/> New Institutional Linkages |

III. ESSAY

Below, please discuss why you wish to participate in this program. Include your current personal teaching philosophy, how your participation in the institute will enhance your work, improve education about the United States in your community, and help you achieve the “Potential Professional Outcomes” you have checked above. The essay should be no more than 250 words (approximately half a page, single spaced) and should be typed.

Click or tap here to enter text.

IV. RECOMMENDATION #1

In order to be considered for the Study of the U.S. Institute, you must submit **TWO** completed recommendation forms. These forms may be completed by a supervisor at work, a professor/academic advisor/dean, or a community leader who knows you well and is familiar with your academic and/or professional work. Relatives and friends of the applicant may not complete this recommendation form. This form should be typewritten in English, and all recommendations must be signed at the bottom.

Name of Evaluator/Referee: Click or tap here to enter text.

Title of Evaluator: Click or tap here to enter text.

Work Institution: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Please respond to the following questions to evaluate the candidate.

1. How long have you known the applicant? Click or tap here to enter text.

2. In what capacity have you known the applicant? Check all that apply.

Teacher Job Supervisor Other (please specify) _____

3. Please evaluate the applicant as compared to his/her peers in terms of the characteristics below. (If you do not feel that you are capable to judge the student on this quality, please select N/A.)

	Excellent	Good	Fair	Poor	N/A
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative/independent thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in other countries, cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please choose one of the following: Choose an item.

Please submit short statements in the space provided, giving a candid evaluation of the applicant's past academic and/or work performance. You may choose to attach additional pages if necessary.

How would you evaluate the applicant's ability to express his/her ideas clearly?

Click or tap here to enter text.

How would you evaluate the applicant's ability to interact well with colleagues?

Click or tap here to enter text.

How would you evaluate the applicant's strengths and weaknesses as a potential cultural ambassador?

Click or tap here to enter text.

The answers on this form are my own and represent my professional opinion of the applicant.

Signature of Evaluator: _____

Date: Click or tap to enter a date.

RECOMMENDATION #2

In order to be considered for the Study of the U.S. Institute, you must submit **TWO** completed recommendation forms. These forms may be completed by a supervisor at work, a professor/academic advisor/dean, or a community leader who knows you well and is familiar with your academic and/or professional work. Relatives and friends of the applicant may not complete this recommendation form. This form should be typewritten in English, and all recommendations must be signed at the bottom.

Name of Evaluator/Referee: Click or tap here to enter text.

Title of Evaluator: Click or tap here to enter text.

Work Institution: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Please respond to the following questions to evaluate the candidate.

1. How long have you known the applicant? Click or tap here to enter text.

2. In what capacity have you known the applicant? Check all that apply.

Teacher Job Supervisor Other (please specify) _____

3. Please evaluate the applicant as compared to his/her peers in terms of the characteristics below. (If you do not feel that you are capable to judge the student on this quality, please select N/A.)

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Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative/independent thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in other countries, cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please choose one of the following: Choose an item.

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Click or tap here to enter text.

How would you evaluate the applicant's ability to interact well with colleagues?

Click or tap here to enter text.

How would you evaluate the applicant's strengths and weaknesses as a potential cultural ambassador?

Click or tap here to enter text.

The answers on this form are my own and represent my professional opinion of the applicant.

Signature of Evaluator: _____

Date: Click or tap to enter a date.