



Scientific Exchanges Fellowship Program Application Form

Form and all attachments must be in English. Please submit the completed form to CIP@missouri.edu.

Personal Information

Last Name (Surname) (as shown on passport)	
First Name (as shown on passport)	
Middle Name(s) (as shown on passport)	
Nationality	
Gender	
Home Mailing Address	
Personal Email Address	
Work Email Address	
Work Phone (Include country / local area codes)	
Home/Mobile Phone (Include country / local area codes)	
Country of Birth	
Country Issuing Passport	
Emergency Contact Name	
Emergency Contact Phone (Include country / local area codes)	

Do you hold dual citizenship with any other country or countries?	
If yes, please indicate which country or countries:	

Proposed Topic Summary

Please summarize in one sentence your proposed research topic and goals.
You will have an opportunity to expand on your proposal details in Sections X and XI.

Education

Please list each college or university you have been enrolled in, beginning with the most recent.

Name of Institution and Country	Major Field of Study	Dates Attended	Type of Degree Earned	Date Completed MM/YY

Technical / Professional Training or Courses

Please list each relevant technical / professional training or courses you have completed, beginning with the most recent.

Name of Training or Course	Dates MMYY-MMY	Language of Instruction	Country of Instruction

Language Skills

Use descriptors such as fluent, conversational, rudimentary to describe your language skill levels.

Language (ex. English)	Reading	Writing	Speaking

Current Employment

Organization or Company Name / Department	
Mailing Address	
Telephone Number	
Web Site	
Your Position Title	
Supervisor's Name / Position Title / Department	
Supervisor's E-mail Address	
Supervisor's Telephone Number	
Duties: Please concisely describe your current job-related responsibilities and accomplishments	
Dates of Employment	

Previous Employment

Please indicate the number of jobs that you have held in the past 10 years before your current job if you would like to include those in your application. _____**Additional pages for previous employment information are available in this PDF. See pages 13-17 for Addendums 1-5.

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Awards, Honors, Scholarships

Award Type / Title	Description	Date Received DD/MM/YYYY	Awarding Institution

Professional Publications

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

Research Proposal

1 - 2 pages (1000-word limit). When the form field is full, tab to the next page.

Please answer the following questions:

1. State the goal(s) of your research proposal in one sentence. ("The goal of my research is to...")
2. Identify the specific research objective(s) that will achieve your goal.
3. Provide enough background information about your research, explaining it in terms that someone unfamiliar with your scientific field can understand.
4. Describe what you hope to accomplish during your fellowship. How do your research interests and scientific background relate to the goals of your proposal? How will working with a mentor in the U.S. help you to achieve your research goals?
5. How will a Scientific Exchanges Fellowship contribute to enhanced agricultural productivity, economic development, and/or food security in your country?

Please number your responses to the questions in the space below, providing each answer as a separate paragraph.

Action Plan

Assuming an 11-week Fellowship period, provide a weekly plan of proposed research activities and planned outcomes to be accomplished. Your research plan should support your research goals and objectives. We recognize that this plan may change, but we encourage you to be as specific as possible. Note any special materials and/or requirements needed to support your research. Provide a weekly list of activities that links to your proposal's goals and objectives.

Note that part of the first week is generally used for university and laboratory orientations and staff introductions.

Week	Activities
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

Applicant Certification

Selecting "I certify" indicates that:

1. All information provided on this application form is true to the best of my knowledge.
2. I understand that any willful misstatement may lead to disqualification and/or revocation of the Scientific Exchanges Fellowship.
3. I have no known, established, and/or expected business, employment, or other commitments that would prevent me from completing the Scientific Exchanges Fellowship if I am selected.
4. I meet all the eligibility requirements for this program, including that I have not previously participate in a Borlaug Fellowship program.

I certify

Date

Scientific Exchange Fellowship Program

Conditions of Training

Full Name of Applicant:

Family Name, Given name, Other names

If I am accepted to receive technical training under the U.S. Department of Agriculture (USDA) Scientific Exchanges Fellowship, 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 Scientific Exchanges Fellowship Program regulations and procedures for the duration of my fellowship program. I will not seek extension of the period of my program, and I will return to my country immediately upon completion of my training. 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 Scientific Exchanges Fellowship Program:

1. Dependents:
USDA cannot permit dependents to accompany a Scientific Exchanges Fellow during the training program. USDA defines dependents as spouses of any age and children under the age of 21.
2. 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 Scientific Exchanges 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 United States.
 - F. Obtain employment in the United States without prior USDA approval.
 - G. Falsify information on the application and/or supporting documents in any way.
3. Financial Support:
The applicant is aware that the financial support provided by the Scientific Exchanges 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 it will be the only direct financial support provided to the Fellow.

4. Health and Insurance:

Before arriving in the United States, each participant is required to have a physical examination to determine that he or she is in good health. Proof of medical fitness is required before participant will be allowed to travel to the United States as a Scientific Exchanges 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. Additionally, the participant must pay the first U.S. \$500.00 of the total cost in medical expenses for each occurrence. By signing below, the participant certifies agreement to and understanding that USDA and its training providers are not responsible for any costs related to medical care.

5. Debts and Obligations:

The participant will be responsible for all debts and financial obligations incurred while in the United States.

I understand and agree to the above terms and conditions.

Signature

Date:

Previous Employment

Addendum 1

Organization or Company Name / Department	
Mailing Address	
Telephone Number	
Web Site	
Your Position Title	
Supervisor's Name / Position Title / Department	
Supervisor's E-mail Address	
Supervisor's Telephone Number	
Duties: Please concisely describe your current job-related responsibilities and accomplishments	
Dates of Employment	

Previous Employment

Addendum 2

Organization or Company Name / Department	
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Telephone Number	
Web Site	
Your Position Title	
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Supervisor's E-mail Address	
Supervisor's Telephone Number	
Duties: Please concisely describe your current job-related responsibilities and accomplishments	
Dates of Employment	

Previous Employment

Addendum 3

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Your Position Title	
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Supervisor's E-mail Address	
Supervisor's Telephone Number	
Duties: Please concisely describe your current job-related responsibilities and accomplishments	
Dates of Employment	

Previous Employment

Addendum 4

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Web Site	
Your Position Title	
Supervisor's Name / Position Title / Department	
Supervisor's E-mail Address	
Supervisor's Telephone Number	
Duties: Please concisely describe your current job-related responsibilities and accomplishments	
Dates of Employment	

Previous Employment

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Telephone Number	
Web Site	
Your Position Title	
Supervisor's Name / Position Title / Department	
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