

**Fulbright Scholar Program**

**Visiting Scholar Application Form 2023/2024**

**SECTION A. PERSONAL information**

1. Home country: Argentina Category of grant: *Researcher*
2. Title (check one): Dr. [ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ]  3) Gender: Male [ ]  Female [ ]  Other [ ]
3. Family name:      First:      Middle:
4. Country(ies) of citizenship:
5. Country of legal residence:
6. E-mail:
7. Do you have U.S. permanent residency (for example, a green card)? Yes [ ]  No [ ]
8. Date of birth (month, day, year):      Place of birth(city, country):
9. Current position and start date:

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| --- | --- |
| Job title of current position | Month/year start date of current position |
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 Department/office, institution:

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| --- | --- | --- |
| Mailing Address | Telephone / Fax | Email |
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1. Academic credentials (degrees—list three highest degrees):

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| --- | --- | --- | --- |
| Name/Location of Institution | Field of Study | Name of Diploma or Degree | Date Received |
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1. Most significant professional accomplishments, honors and awards and up to three significant publications:

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1. Previous Fulbright grants (If yes, list most recent first; specify student or scholar grant and dates):

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1. Project title:

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1. Brief summary of project statement:

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**SECTION B. program/professional information**

1. Number of months required for project:

 Date *(month/day/year)* you expect to a. Depart from home country:

 b. Begin your grant:

1. Leave the United States:
2. Major academic discipline (must select from list in application instructions):

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1. Specialization(s) (list subfields within the academic discipline; for lecturing awards, list topics on which you would be willing to lecture):

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1. Professional travel and/or residence abroad during the last five years (list countries, dates and purpose of activity):

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1. Cultural, educational and professional societies of which you are a member:

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1. Identification of referees: (List the name, title, mailing and e-mail addresses and telephone and fax numbers of three persons from whom you have requested a letter of reference. These colleagues should know your work, and at least one should be from outside your home institution.)

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| **1.** |  |
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1. English proficiency (excellent, good or fair):

 Reading:

 Writing:

 Speaking:

 Writing::





**SECTION** **C. INSTitutional affiliation preferences**

1. Please provide the following information and attach your letter of invitation.

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| (1) Institution (University,Department, Laboratory) and Institutional Address

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| (2) Professor, Department, Telephone, Fax and E-mail

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**SECTION d. personal information**

1. Home mailing address, telephone (home and cell phone) and e-mail:
2. Name, mailing address, telephone and e-mail address of person to be notified in case of emergency:
3. Marital Status (divorced, engaged, married, separated, single or widowed):
4. Names of dependents who will accompany you on your grant. List each separately, and provide their relationship to you, date and place of birth and duration of stay (includes spouse and any unmarried children under the age of 21):

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| --- | --- | --- | --- | --- |
| Name | Relationship | Date of Birth | City and Country of Birth | Length of stay in the U.S. |
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1. Do you expect to receive sabbatical pay, paid leave of absence or other sources of financial support during your Fulbright grant? Yes [ ]  No [ ]

If you answered Yes, please specify source(s) and amount(s) in U.S. dollars (please attach supporting documentation):

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1. Physical impairment (please describe, if any):

Note: This information is gathered for statistical purposes and to ensure appropriate placement. The Fulbright Scholar Program does not discriminate on the basis of race, color, religion, sex, age, national origin and/or physical impairment.

**By my signature below, I certify that to the best of my knowledge, the information provided in all parts of my application is accurate and complete. I understand that final approval of my application is dependent upon my eligibility for a visa to the United States. I agree to return to my home country upon the expiration of my authorized stay in the United States.**

Signature: Date: