

Preliminary Questions

Form Title	Preliminary Questions
What is your country of permanent residence? *	Egypt
To which academic year are you applying? *	
Do you hold or are you applying for: U.S. citizenship; Dual citizenship with the U.S.; or U.S. permanent residency?	
Have you completed an undergraduate (first university or Bachelor's) degree program?	
Do you have a minimum of five years of full-time, professional experience?	
Program Code (Internal)	HHH-00040
Program Name (Internal)	HHH Egypt
Page Complete	Yes
Country CEEB Code (hidden)	PC-0042

HHH Personal Information

Form Title

HHH Personal Information :

Name

Prefix *

First/Given Name *

Middle Name(s)

Last/Family Name *

Biographical Information

Birthdate *

City of Birth *

Country of Birth *

Sex (as it appears or will appear
on your passport or travel
document) *

Are you related, including by
marriage, to anyone employed
by the U-S- Department of State,
or any other US Government
agency? *

Citizenship Information

Country of Citizenship * Egypt

Country of Citizenship (Hidden)

Country of Tax Residence *

Dependent Information

How many dependents do you
intend to have accompany you
to the United States? *

HHH Contact Information

Form Title

HHH Contact Information

Addresses

Permanent Address (all address
block fields are required) *

Is your current mailing address
the same as your permanent
address? *

Emergency Contact in Your Home Country

First Name *

Last Name *

Email *

Primary Phone *

Your Relationship to this
Person *

Telephone Numbers

Cell Phone Number *

Email

Primary Email *

Academic History

Institution 1:

Level of Study:

Degree:

Major:

Location:

Start Date:

End Date:

Date of Degree:

Institution 2:

Level of Study:

Degree:

Major:

Location:

Start Date:

End Date:

Date of Degree:

Institution 3:

Level of Study:

Degree:

Major:

Location:

Start Date:

End Date:

Date of Degree:

Institution 4:

Level of Study:

Degree:

Major:

Location:

Start Date:

End Date:

Date of Degree:

Institution 5:

Level of Study:

Degree:

Major:

Location:

Start Date:

End Date:

Date of Degree:

Institution 6:

Level of Study:

Degree:

Major:

Location: ,

Start Date:

End Date:

Date of Degree:

Institution 7:

Level of Study:

Degree:

Major:

Location:

Start Date:

End Date:

Date of Degree:

Institution 8:

Level of Study:

Degree:

Major:

Location: ,

Start Date:

End Date:

Date of Degree:

Professional Experience

Employer 1:

Starting Position:

Ending Position:

Description:

Description

Start Date:

End Date:

Location: (

Employer 2:

Starting Position:

Ending Position:

Description:

Start Date:

End Date:

Location: ,

Employer 3:

Starting Position:

Ending Position:

Description:

Start Date:

End Date:

Location:

Employer 4:

Starting Position:

Ending Position:

Description:

Start Date:

End Date:

Location:

HHH Professional Profile

Form Title

HHH Professional Profile

Awards and Recognitions

Scholarships and Fellowships:

List scholarships and/or fellowships you have received. Please limit your response to 500 characters, inclusive of spaces and punctuation.

Academic Honors and Prizes:

Include any academic honors and/or prizes that you have received. Please limit your response to 500 characters, inclusive of spaces and punctuation.

Published Books, Articles, and/or Theses: List any books, articles, or theses published by you, especially in your proposed field of study. Please limit your response to 500 characters, inclusive of spaces and punctuation.

HHH English Language Skills

Form Title HHH English Language Skills

Native Language * Arabic

English Language Proficiency

Reading *

Writing *

Speaking *

Secondary School:

Number of years *

Number of months per year *

Number of hours per week *

University:

Number of years *

Number of months per year *

Number of hours per week *

Private Study:

Number of years *

Number of months per year *

Number of hours per week *

HHH English Language Testing

Form Title

HHH English Language Testing

I understand that I may be required to begin the Humphrey Fellowship program as early as April, if it is determined that I need to participate in pre-program English training. *

I understand that I must be able to obtain a leave of absence from my current employment for a period of 10, or up to 15 months if pre-program English training is required. *

Have you taken in the past two years, or are you registered to take, an official TOEFL test (or other approved English Language Test)? *

Which test did you take? *

Date

Please indicate the score received *

**English Language Score Report:
You must send an official English Language score report (TOEFL iBT, Duolingo, or IELTS) to IIE as well as report your score to the Fulbright Commission or U.S. Embassy, as instructed above. If available, please also upload an**

HHH Essay Questions

Form Title

HHH Essay Questions :

What is your major field of study? *

What is your specialization/sub-field of study? *

Leadership

Goals and Program Plan

Public Service

Challenge Statement

Authorization of Release

Authorization of Release of Information *

Experience Abroad

Country 1:

Start Date:

End Date:

Was the travel affiliated with a U.S. government sponsored program?

Purpose:

Country 2:

Start Date:

End Date:

Was the travel affiliated with a U.S. government sponsored program?

Purpose:

Country 3:

Start Date:

End Date:

Was the travel affiliated with a U.S. government sponsored program?

Purpose:

Country 4:

Start Date:

End Date:

Was the travel affiliated with a U.S. government sponsored program?

Purpose:

Country 5:

Start Date:

End Date:

Was the travel affiliated with a U.S. government sponsored program?

Purpose:

Country 6:

Start Date:

End Date:

Was the travel affiliated with a U.S. government sponsored program?

Purpose:

Country 7:

Start Date:

End Date:

Was the travel affiliated with a U.S. government sponsored program?

Purpose:

Country 8:

Start Date:

End Date:

Was the travel affiliated with a U.S. government sponsored program?

Purpose:

HHH Additional Information

Form Title

HHH Additional Information

Supplemental Materials

Reference

Reference #1

Type
Name
Organization
Title
Relationship
Email
Name Displayed to
Recommender
Waiver
Waiver Response
Waiver Signature
Recommendation Requested
Recommendation Submitted

Reference #2

Type
Name
Organization
Title
Relationship
Phone
Email
Name Displayed to
Recommender
Waiver
Waiver Response
Waiver Signature
Recommendation Requested
Recommendation Submitted

Certification

Certification

Signature

I certify that all information given in this application is complete and accurate to the best of my knowledge. I agree to abide by the Policies governing the selection of Fulbright/Humphrey grantees, as established by the J. William Fulbright Foreign Scholarship Board (FFSB) (complete policies available here). I understand that final approval of my application is dependent upon my eligibility for a J Visa in the United States. I also agree to return to my home country upon the expiration of my authorized stay in the United States.

Date