



U.S. Department of State
J. William Fulbright Foreign Scholarship Board
Fulbright Teacher Exchange Candidate
2004 - 2005



*OMB Approved No. 1405-0114
 Expires Date: 09/30/2005
 Estimated Burden: 2 Hours

A. Name: Last First Middle Initial	
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.	
B. U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	C. Home Telephone <i>(area code, number):</i>
If no, state country of citizenship Country of residence:	
D. Complete Home Mailing Address <i>(include number, street, city, state, zip code):</i>	
E. Date of Birth <i>(month/day/year)</i> Place of Birth <i>(city, state, country)</i>	F. Indicate year and country of any previous Fulbright grants <i>(if none, write "none"):</i>
G. Current Occupation: Name and address of employer Job Title Employed Since <i>(mm/yy)</i>	
H. Current Subject(s) and level(s)	
I. First Country Choice:	
J. Education: Name of institution, university, or professional school and location Major field of study Name of degree and date	
K. Name your most significant publications/honors/awards/projects or other accomplishments:	
L. Provide a synopsis in approximately 50 words of your personal/professional goals as related to this exchange program. <i>(Please use only this space. Additional pages will not be accepted):</i>	
FOR FSB USE ONLY: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> Abstain	
FSB NAME _____ SIGNATURE _____ DATE <i>(mm-dd-yyyy)</i> _____	

Note: Public reporting burden for this collection of information is estimated to average two (2) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is being collected to evaluate a candidate's eligibility and suitability to be matched with a foreign counterpart for the Fulbright Teacher and Administrator Exchange Program. Responses are voluntary; however, insufficient applicant data could disable successful matching. A federal agency may not conduct or sponsor, and the respondent is not required to respond to, a collection of information unless it displays a valid OMB control number. Send documents regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to A/RPS/DIR, U.S. Department of State, Washington, DC 20520.

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ALASKA

2 Anchorage

ARIZONA

3 Tempe

4 Tucson

ARKANSAS

5 Little Rock

CALIFORNIA

6 Irvine

7 Los Angeles

8 Sacramento

9 San Diego

10 San Francisco

COLORADO

11 Denver

CONNECTICUT

12 New Britain

DISTRICT OF COLUMBIA

13 Washington

FLORIDA

14 Gainesville

15 Miami

GEORGIA

16 Kennesaw

HAWAII

17 Honolulu

IDAHO

18 Boise

ILLINOIS

19 Chicago

INDIANA

20 Indianapolis

IOWA

21 Des Moines

KANSAS

22 Wichita

KENTUCKY

23 Louisville

LOUISIANA

24 Baton Rouge

MAINE

25 Biddeford

MARYLAND

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MASSACHUSETTS

27 Marlborough

MICHIGAN

28 Bloomfield Hills

29 Traverse City

MINNESOTA

30 Minneapolis

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31 Jackson

MISSOURI

32 Kansas City

33 St. Louis

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34 Missoula

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35 Omaha

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36 Keene

NEW JERSEY

37 Montclair

NEW MEXICO

38 Albuquerque

NEW YORK

39 Hempstead

40 New York City

41 Plattsburg

42 Syracuse

NORTH CAROLINA

43 Charlotte

NORTH DAKOTA

44 Jamestown

OHIO

45 Cincinnati

46 Cleveland

OKLAHOMA

47 Oklahoma City

OREGON

48 Portland

PENNSYLVANIA

49 Harrisburg

50 Philadelphia

51 Pittsburgh

PUERTO RICO

52 Halo Rey

SOUTH CAROLINA

53 Columbia

SOUTH Dakota

54 Sioux Falls

TENNESSEE

55 Nashville

TEXAS

56 Corpus Christi

57 Dallas

58 El Paso

59 Houston

60 Lubbock

61 San Antonio

UTAH

62 Ogden

VIRGIN ISLANDS

63 St. Croix

VIRGINIA

64 Roanoke

WASHINGTON

65 Auburn

66 Spokane

WEST VIRGINIA

67 Institute

WISCONSIN

68 Madison

WYOMING

69 Casper