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**Attachment B**

**Individual Scholarship Candidates Application Form**

Thank you for participating in the Graduate Scholarships for Professionals Activity (GSP).

Please fill out this form (preferably type) to be considered for the Graduate Scholarships for Professionals. The Home Institution must submit this application form along with all required application materials via email to: moheusaid2017@gmail.com

**Application Deadline: Sunday, April 9, 2017**

**I. Personal Information**

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| **First Name:** |
| **Last Name:** |
| **Date and Place of Birth:** |
| **Gender:** |
| **Telephone Number:**  |
| **E-mail:** |
| **Type of Training Requested:** [ ]  Master’s Degree in the U.S  [ ]  Master’s Degree at U.S. Educational Institution in Egypt  [ ]  Post -Doctoral Program  [ ]  Semester Long Professional Training Program  |
| **Have you received a Scholarship under the Cairo Initiative Program? If yes, please specify and explain how did it impact your home institution?** |

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**II. Academic Education**

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| **Name of the Institution:** |  |  |  |
| **Field of Study:**  |  |  |  |
| **Degrees Obtained and Date Completed :**  |  |  |  |

**III. Employment**

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| **Current Position :** |
| **Institution:** |
| **Year began working for the Institution:** |
| **Supervisor’s Name and Title:** |
| **Telephone Number: E-mail:** |

**IV. Personal Duties and Goals**

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| **Describe the duties performed in your current position:** |
| **List your short-term personal development goals and longer-term career goals and how they support the work and goals of your institution:**1. **Short-term personal development goals (1-2 years):**
2. **Long-term career goals (5-10 years):**

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| **Describe an area(s) of your work where you are particularly challenged in meeting your work objectives:**  |

**V. Institution’s Goals and Objectives**

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| 1. **Institution’s Goal:**
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| 1. **Institution’s Short Term Objective:**
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| 1. **Your department’s goal:**
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| 1. **Department’s Short Term Objective:**
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**VI. Skill/Training Needs**

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| **Short-term skills needed :****What do you want to do better at your current position?****What skills will enhance your performance?** **What will help meet the goals of your institution?** |
| **Long-term skills needed:** **If you aspire to a higher-level position in the future, describe the position and what you need to learn to be a stronger candidate for that position:** |
| **Type of training sought (choose one): (1) If Post-Doctoral, describe in detail your proposed research (add an attachment if needed). (2) If Masters, state the area of study and particular area of focus therein (e.g. biology with a focus on marine life). (3) If Professional Training, list the type of courses that you would like to take:** |
| **Have you done any research into the type of course work or research available at U.S. universities? If yes, please specify:** |
| **List the skills to be acquired from the requested training:**  |
| **If you are awarded a scholarship, explain:**1. **How it will help you achieve your work objectives and benefit the institution as a whole?**
2. **How it will help you achieve your personal development and career goals?**

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**VII. Reintegration Plan**

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| **Upon Return to your Current Position: If you plan to return to the same position in your office, what do you hope to do anything differently or better as the result of your new skills/training? Explain:** **Will you attempt to make any improvements in how your office operates in its procedures?** **Give example:** |
| **Going to a New Position: If you plan to return to your office but, either immediately or later, would like to go into a different position, explain:**1. **What is the new position?**
2. **How will the training make you better qualified to assume it?**

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| **Collaborating with other Scholarship Recipients in your institution: How will you collaborate with other scholarship recipients to have greater impact as agents of change in improving the work of the institution?** **Describe what you think the scholars or the institution may need to do to ensure such collaboration is successful:** |
| **Training Colleagues: When you return from training in the U.S., describe any plans to pass on the benefits of your training to others in your office?**  |

**I certify that the information given in this application is complete and accurate to the best of my knowledge.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**