

NOTE: Please complete this form and return it to the following address:
INTERNATIONAL ROAD EDUCATIONAL FOUNDATION
Madison Place, 500 Montgomery Street
Fifth Floor, Alexandria, VA 22314
USA

APPLICATION FOR IRF FELLOWSHIP

Attach a photograph taken within the past year.

Application will be considered incomplete if photograph is omitted.

All parts are to be completed and printed in **English**

Be sure your full name is written on the back of your photograph for identification should the photograph accidentally become detached.

- Mr.
Mrs.
Miss

(Please check the appropriate box, enter full name, **underline family name**)

Business Title: _____

Permanent home address: _____
(number and Street) (town or city)

(province) (country)

(home telephone number) (E-mail address)

1. Place of Birth: _____
(town or city) (country)

2. Date of Birth: _____ Country of citizenship _____
(month/day/year)

3. Marital Status: (check only one) Single _____ Married _____

4. Names and ages of children: _____

5. Employer's Name: _____ Telephone#: _____

Employer's Address: _____ Fax#: _____

6. Job title and brief description of job duties: _____

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7. Emergency Contacts:

(a) In country of study: _____
(name) (address) (relationship)

(b) In home country: _____
(name) (address) (relationship)

8. Names of colleges and universities attended and any you may be attending at the present (an official transcript of credits, with certified English translation if appropriate, should accompany this application).

Institution Name	Location	Attended	Degree

9. Books, articles and/or theses published by you, particularly in the proposed field of study:

Title Place and Date of Publication

1. _____

2. _____

3. _____

10. Previous work experience (prior to current position):

Job Title	Name and Address of Employer	Type of Work	Dates

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13. To facilitate visa and housing arrangements, please indicate all dependents who accompany you, if any (this includes spouses). Please give name, date of birth, and place of birth, including city or town and country, for each dependent. This information is needed by the universities in preparing the visa application forms. **Spouses and/or children will not be able to join you if this information is not provided.**

NAME	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH
1.			
2.			
3.			
4.			
5.			

14. Indicate below the career you plan to pursue after completion of study or research.

15. Give names, titles and addresses of three (3) people who know your abilities and qualifications. These should include people who have been responsible for your work in both the academic field and on the job. (Use "Letter of Reference" forms enclosed).

(1) Name: _____
Title: _____
Address: _____

(2) Name: _____
Title: _____
Address: _____

(3) Name: _____
Title: _____
Address: _____

CERTIFICATE of FINANCIAL SUPPORT

Student's Name _____

Country _____

This is to certify that the sum of US\$ _____ will be available for the student indicated above to support the student's participation in the IRF Fellowship Program. This sum is in addition to the \$15,000 Fellowship provided by IRF.

Signature: _____

Name: _____

Title: _____

Organization: _____

Date: _____

CONFIDENTIAL

Please return this form directly to:
International Road Educational Foundation
Madison Place, 500 Montgomery Street, Fifth Floor
Alexandria, VA 22314
USA

APPLICATION FOR ADMISSION TO AN EDUCATIONAL INSTITUTION

Letter of Reference
(to be typewritten in English)

NAME OF APPLICANT _____ COUNTRY _____

This should be a thorough and realistic evaluation of the candidate's characteristics, taking into accounts his/her intellectual ability, emotional stability, adaptability and seriousness of purpose.

Signed _____ Position/ Title _____

Address: _____ Date: _____

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Please check whether or not the following are enclosed or will be sent separately:

Enclosed

Separate

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Transcript of college credits including titles of courses taken and grades received, with certified English translation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Three (3) letters of reference. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Official TOEFL Score Report.
Date TOEFL Examination was taken or will be taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Official GRE Score Report.
Date GRE Examination was taken or will be taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Sponsor's certification of availability of funds. |