2008	Edmund	S	Muskie	Graduate	Fellowship	Program
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Name:	
COUNTRY OF CITIZENSHIP: _	
DATE OF BIRTH:	

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2008 EDMUND S. MUSKIE GRADUATE FELLOWSHIP PROGRAM Supplementary Questions and Forms

1		ne program length that you prefer. NOTE: approximately 40% of ling non-degree programs. You may be placed in a one-year
	☐ One-Year ☐ Two-Year (including 15-16 month)	rograms)
2	PROPOSED FIELD OF STUDY (Check one):	
	NOTE: CITIZENS OF RUSSIA AND UKRAINE ARE ELIGIBLE ONLY ECONOMICS, LAW, PUBLIC ADMINISTRATION, AND PUBLIC POLI	OR THE FOLLOWING FIELDS OF STUDY: BUSINESS ADMINISTRATION, CY.
	 □ Business Administration □ Economics □ Education □ Environmental Management □ International Affairs □ Journalism and Mass Communications 	 □ Law □ Library and Information Science □ Public Administration □ Public Health □ Public Policy
3		say describing your future career plans, why you want and you hope to contribute to your country's democratic and nd can not exceed 1000 words.
4		essay describing your intended program of study in the US, ork, and/or research topics. Essays should be typewritten and
5	REFERENCE FORMS: Attach two completed Reference	Forms (with an accurate English translation if necessary, which

LIST OF COURSES AND GRADES: Attach the courses and grades form. This form can be found later in this document.

RESUME OR CURRICULUM VITAE (C.V.): Attach a copy of your current resume or Curriculum Vitae (C.V.) This should

may be done by the applicant). The forms can be found later in this document.

not exceed two pages. A sample resume is included in the application directions.

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Name:	
COUNTRY OF CITIZENSHIP:	
DATE OF BIRTH:	

Privacy Policy Statement and Application Certification

Your privacy is important to the Edmund S. Muskie Graduate Fellowship Program. That is why we request that all applicants read the following privacy policy statement carefully.

1. Applicant and Participant Information Content and Storage

Information about program applicants and current and past participants consists of data contained in their applications, information derived from interviews, and information gathered during the course of their program and as program alumni. The Muskie Program stores this information in written and electronic form indefinitely. Some data, such as contact information and professional experience, is continually updated.

2. Use of Information

Information, which is described above, may be:

- A. Used by selection committees and interviewers to review applicants;
- B. Supplied to the program's funding organization;
- C. Submitted to potential host schools, universities, or organizations and/or organizations that provide internship opportunities;
- D. Used for the evaluation of an individual's participation in the program and in the collection of data for general program evaluation by the Muskie Program and the Bureau of Educational and Cultural Affairs;
- E. Used for notifying program participants/alumni of upcoming events and programs;
- F. Provided to participants/alumni of this and other US government–sponsored programs for the purpose of fostering alumni networking:
- G. Provided to non-commercial, nongovernmental organizations for the purposes of promoting professional development among program participants/alumni; and
- H. Used by the Muskie Program for general promotional purposes in written or electronic form, including program directories, newsletters, web sites and other promotional materials.

If the applicant or current/past participant does not want to be included in points G and H, it is their responsibility to notify their specific program administrator at the Muskie Program.

The Muskie Program does not sell applicant, or current/past participant information.

The principles stated herein are binding only to the Muskie Program; other organizations involved in the administration of these programs may adhere to other privacy or similar policies.

I certify that I completed this application myself, without assistance, that the information given in this application is complete and accurate and that I further certify that I fulfill all of the eligibility requirements as stated in the application instructions. I have carefully read and understand all notes and disclaimers provided therein.

I understand that the Muskie Program reserves the right to verify all the information listed in the application. I understand that giving false or misleading information in the application will result in exclusion from the competition or immediate dismissal from the Edmund S. Muskie Graduate Fellowship Program.

Signature of applicant	Date

Name:	
COUNTRY OF CITIZENSHIP: _	
DATE OF BIRTH	

2008 Edmund S. Muskie Graduate Fellowship Program Reference Form #1

Toe	BE COMPLETED BY THE APPLICANT:					
Nam	ne of Applicant:		Country:			
Nam	ne of Evaluator:		_Title of Evalua	tor:		
Wor	k Institution of Evaluator:	· · · · · · · · · · · · · · · · · · ·				
Wor	k Address of Evaluator:					
Wor	k Telephone of Evaluator:		E-mail:			
lead and Engl All r the Mus	reference form may be completed by the who knows the applicant well and friends of the applicant may not lish, if possible. If not in English, an arecommendations must be signed and applicant to be submitted with the cookie Program. BE COMPLETED BY THE EVALUATOR: How long have you known the applicant to the submitted with the cookie Program.	is familiar with to complete this accurate translar distanced at the completed application.	the applicant's recommendat tion (which may be bottom. Please cation.	academic a ion form. y be done b se return DO NOT s	and/or profe This form s by the appli the comple end referer	essional work. Relative should be typewritten icant) must be attached ted reference form ince forms directly to the state of the state
2.	In what capacity have you known th	ie applicant? Ple	ease check all t	hat apply.		
	Teacher/Professor Other (please specify)		ob Supervisor		Research A	
3.	Please compare the applicant with o	others you have	known in your	professiona	al field in ter	rms of the
,	 Knowledge of field of study Initiative Creative and independent thinking Adaptability Analytical ability 	Excellent g	Good	Fair	Poor	Unable to Judge

4. Please choose one of the following:

Interpersonal skills Leadership Potential

. Recommend with confidence

. Recommend with reservation

Applications are free of charge and may be duplicated.

2008 Edmund S. Muskie Graduate Fellowship Program	Name:
	COUNTRY OF CITIZENSHIP:
	Date of Birth:
	DATE OF BIRTH.
. Do not recommend	
5. EVALUATOR STATEMENTS	
Please submit short statements giving a candid evaluation of the ap experiences. Your statements will be given careful consideration by Therefore, your comments should be as complete and as detailed at questions in the space provided or on a separate sheet.	the selection panels reviewing this application.
1. Applicant's ability to express his/her ideas clearly both in	writing and verbally.
2. Applicant's ability to interact well with other students and professional setting.	professors or with colleagues in a
3. Applicant's outstanding or distinguishing talents and cha	racteristics.
4. Applicant's preparedness to complete graduate level stud	ly in the United States
	·, ··· ··· · · · · · · · · · · · · · ·
5. Applicant's creativity and problem-solving abilities.	
, , , ,	
I hereby confirm that the answers on this form are my own and repres	sent my professional opinion of the applicant.
Signature of Evaluator	Date

N AME:	
COUNTRY OF CITIZENSHIP:	
DATE OF BIRTH:	

2008 Edmund S. Muskie Graduate Fellowship Program Reference Form #2

TO BE COMPLETED BY THE APPLICANT:					
Name of Applicant:		Country:			
Name of Evaluator:		Title of Evalua	itor:		
Work Institution of Evaluator:					
Work Address of Evaluator:					
Work Telephone of Evaluator:		E-mail:			
leader who knows the applicant well and it and friends of the applicant may not english, if possible. If not in English, an a All recommendations must be signed and the applicant to be submitted with the compusive Program. To be completed by the evaluator: 1. How long have you known the applicant with the possible program.	complete this accurate translated stamped at the completed appliced application.	recommendat tion (which may e bottom. Plea cation. Please	ion form. y be done b ise return f DO NOT se	This form s by the appli the comple end referen	should be typewrit icant) must be atta eted reference fo nce forms directly
2. In what capacity have you known the	e applicant? Ple	ase check all t	hat apply.		
Teacher/Professor Other (please specify)	Employer or Jo			Research A	
3. Please compare the applicant with c characteristics below:	others you have	known in your	professiona	al field in ter	rms of the
 Knowledge of field of study Initiative Creative and independent thinking Adaptability Analytical ability 	Excellent	Good	Fair	Poor	Unable to Judg

5. Please choose one of the following:

Interpersonal skills Leadership Potential

- . Recommend with confidence
- . Recommend with reservation
- . Do not recommend

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2008 Edmund S. Muskie Graduate Fellowship Program	Name:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	DATE OF BIRTH.
5 EVALUATED OTATEMENTS	
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1. Applicant's ability to express his/her ideas clearly both in	writing and verbally.
2. Applicant's ability to interact well with other students and professional setting.	professors or with colleagues in a
3. Applicant's outstanding or distinguishing talents and char	racteristics.
4. Applicant's preparedness to complete graduate level stud	dy in the United States.
5. Applicant's creativity and problem-solving abilities.	

Signature of Evaluator

Date

I hereby confirm that the answers on this form are my own and represent my professional opinion of the applicant.

2008 Edmund S	. Muskie	Graduate	Fellowshir	Program
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Name:	
COUNTRY OF CITIZENSHIP:	
DATE OF BIRTH:	

List below in <u>English</u> all university courses you have taken and the grades you received. (List the most recent courses first. Attach additional pages as necessary.)

Describe grading system used (example: "5" excellent to "1" failing, "A" excellent to "F" failing):

ACADEMIC YEAR (for example 1994-1995)	SUBJECT / COURSE (class title)	GRADE
,		

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2008 Edmund S. Muskie Graduate Fellowship Program

Name: _____

COUNTRY OF CITIZENSHIP:		