



EISENHOWER
FELLOWSHIPS

EISENHOWER FELLOWSHIPS APPLICATION 2014 INNOVATION PROGRAM

September 27 to November 15, 2014

Please see Information for Eisenhower Fellowships Applicants 2014 Innovation Program prior to completing the application.

Section 1: Contact Information

FULL NAME

Prefix First/Given Name Middle name(s) Family name/Surname

PREFERRED ADDRESS FOR EISENHOWER FELLOWSHIPS CORRESPONDENCE: Business Home

BUSINESS

Position Title Name of Organization Organization Website

Street address

City State/Province Postal Code Country

Telephone (include country code, city code, and number)

Mobile (include country code, city code, and number)

Email

HOME

Street address

City State/Province Postal Code Country

Telephone (include country code, city code, and number)

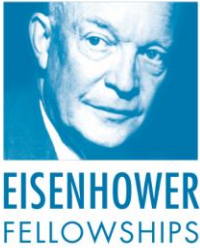
Mobile (include country code, city code, and number)

Email

Citizenship

Day of Birth Month of Birth Year of Birth Age

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Section 2: Education, Training and Professional Experience

Describe your organization's size and scope, prominence, and impact within your country (and internationally, if applicable):

Summarize your role within your organization and your primary responsibilities:

IMPORTANT: Attach an English version of your resume or curriculum vitae. If you do not have a current resume or CV, attach a document listing your professional history, education, and awards received.

Section 3: Community and Professional Engagement

Please provide information about your participation in community groups, boards, professional organizations, and other voluntary activities outside your paid work:

Organization	Your role	Dates	Activities/accomplishments
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 4: Exposure Outside Your Country

STUDY, TRAVEL OR RESIDENCE IN THE UNITED STATES

Duration, date and location: _____

Duration, date and location: _____

Duration, date and location: _____

STUDY, TRAVEL OR RESIDENCE OTHER THAN UNITED STATES

Duration, date and location: _____

Duration, date and location: _____

Duration, date and location: _____

Section 5: Spouse/Partner Information

If your spouse/partner speaks English, and would like to join you on your fellowship, please answer the following questions:

FULL NAME

Dr./Mr./Ms./Mrs First/Given Name Middle name(s) Family name/Surname

PROFESSION

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WHAT IS HIS/HER LEVEL OF ENGLISH PROFICIENCY?

Excellent Very Good Good Fair Poor

NOTE: Children are not allowed to accompany Fellows and/or their spouses on fellowship travel.

PRINTED NAME _____ DATE _____

WRITING SECTIONS

Section 7: Innovation and Leadership

A. Explain why you think the term “innovator” applies to you.

B. Describe a specific innovation that you developed and implemented in your professional field. (Refer to Information for Eisenhower Fellowships Applicants 2014 Innovation Program for the meaning of “innovation.”)

Section 8: Fellowship Objectives and Anticipated Outcomes

A. What innovative idea or project would you like to develop on your Eisenhower Fellowship? What concrete, consequential outcomes do you anticipate you might undertake when you return home as a result of your proposed innovation? Whom will your innovation impact?

B. The fellowship is a unique opportunity to take time out from your current occupation and think broadly about interests including personal interests. Do you have one or two interests or passions beyond your innovation proposal which you also would like to explore during your fellowship?

C. The fellowship leads to opportunities for lifetime engagement in the global EF network. Provide an example or two of how you participate in professional and other networks.

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Section 9: Potential Meetings with Institutions and Individuals

List of **10-12 institutions/individuals** that you would like to meet in the US who will help you develop your innovation proposal. Explain what you would discuss in the meeting and how this institution/individual will help you develop your innovation idea.

NOTE: THE TABLE BELOW WILL EXPAND AS YOU WRITE. SHOULD YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE DOCUMENT.

Organization or Individual or Topic (include website where applicable)	Do you know the individual or have an organizational contact? or What position would the person you meet ideally hold?	Objective <i>Which of your fellowship objectives would this meeting address?</i>	Talking Points
SAMPLE University of Pennsylvania School of Nursing to meet Eileen Sullivan-Marx, Associate Dean for Practice and Community Affairs www.nursing.upenn.edu/faculty	I do not know Eileen Sullivan-Marx. My hospital belongs to a professional association to which the School of Nursing may also belong.	Meet with schools of nursing regarding training, professional development, and retention programs.	<ul style="list-style-type: none"> - How does the school attract new scholars? - Is there a shortage on the labor market? - On a broader scale, what can be the impact of education for the nursing sector? How is a mismatch between education and job demand prevented? - How is patient safety addressed in the nursing curriculum?
SAMPLE Service provision for immigrants and minority groups	Director or Program Director	To visit governmental agencies and groups that deliver services to immigrant populations	<ul style="list-style-type: none"> - How are services that provide mental health to minority ethnic communities structured and funded? - Examples of immigrant groups that are organizing to provide support to their home countries - How do organizations serving immigrant communities successfully incorporate leadership drawn from the communities being served? - How are social justice models utilized in designing service delivery?

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NOTE: Please be sure to:

- Include your photograph (head shot) in .jpg format
- Attach your current curriculum vitae or resume, or a document listing (at a minimum) your professional history, education and awards received
- Complete all narrative responses (Sections 7– 9) clearly and thoroughly.

Last updated October 16, 2013

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