USDA

COCHRAN FELLOWSHIP PROGRAM
2017
APPLICATION FORM

(NOTE: PLEASE TYPE IF POSSIBLE)

********* APPLICATION AND ATTACHMENTS MUST BE IN ENGLISH *********

I. PERSONAL INFORMATION

Name: _____ _____
       Family Name   **Given Name**
(Name must correspond exactly
with passport or travel documents)

Date of Birth: ___ _____ _____
      (Day / Month / Year) e.g., 03/March/1970

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Have you ever applied for U.S. Citizenship: Yes   No

Home Address:

_____
Street

_____
Town or City

_____
Country and Post Code

II. CURRENT EMPLOYMENT:

_____
Title or Position

_____
Organization/Company

_____
Street

_____
Town or City

_____
Country and Post Code

COMPLETED APPLICATION SHOULD INCLUDE:

2 Letters of Recommendation

2 Photographs

Photocopies of All International Travel Documents (Passport)

Signed Conditions of Training

Medical Clearance Documentation (upon acceptance into the program)

Passport
Number:

Passport
Expires:

MALE   FEMALE

_____
(Home Telephone)

_____
(Personal Mobile Telephone)

_____
(Personal Email Address)

Dates of Employment

From: To: Present

_____
Work Telephone

_____
Fax

_____
Work Mobile Telephone

_____
Work Email Address

III. PROPOSED PROGRAM:

A) What technical subjects, topics, courses and/or fields do you want to study? (It is important to give a detailed description of the training you want. USDA will use this information to design your training program in the United States. Continue on back of page.)

B) U.S. Contacts Already Established: Please list name, address, and telephone number of professionals in your field in the United States with whom you already have contact.

_____	_____	_____
Name	Name	Name
_____	_____	_____
Title	Title	Title
_____	_____	_____
Company	Company	Company
_____	_____	_____
Address	Address	Address
_____	_____	_____
Telephone	Telephone	Telephone

C) Training dates: Please list any dates you are NOT available for the program

to

to

to

IV. EMPLOYMENT: (Start with current employment)

A) Dates of Employment (**CURRENT EMPLOYMENT**)

From: To: Present   _____   _____
                                          Organization Name   Supervisor's Name
       (Month/Year)
                                          _____   _____
                                          Number & Street   Supervisor's Telephone

Title of Position: _____   _____
                                          Town or City   Organization Telephone
_____

                                          _____
                                          Country and Post Code

Description of your place of employment and your duties and responsibilities:
(Continue on the back of the page if necessary.)

B) Dates of Employment

From: To: _____   _____
                                    Organization Name   Supervisor's Name

                                    _____   _____
                                    Number & Street   Supervisor's Telephone

Title of Position: _____   _____
                                    Town or City   Organization Telephone
_____

                                    _____
                                    Country and Post Code

Description of your place of employment and your duties and responsibilities:

V. TRAINING BENEFITS:

How will your employer use your training when you return from the United States?

VI. SUPERVISOR'S RECOMMENDATION FOR APPLICANT'S TRAINING:

Please have your supervisor complete the following questions. Provide an English translation if necessary.

 A) What do you want the applicant to learn while in the United States for training?

B) How will the applicant's training be used by the organization when he/she returns from the United States?

Thank you.

_____
Signature

_____
Title

_____
Date

VII. ACADEMIC EDUCATION AND TRAINING EXPERIENCE

A) Academic

Name of Institution	Field of Study	Dates Attended	Degree & Date Completed	Language of Instruction

B) Training: (List additional training in home country.)

Field of Study	Dates	Language/Place of Instruction

C) Additional Training in Other Countries:

Field of Study	Dates	Language of Instruction	Country

Awards, Honors, Scholarships Received, Publications, Professional Memberships:

VIII. LANGUAGES
(Please indicate **ENGLISH** capabilities in first line, additional languages on remaining lines)

	Little to none	Understands but requires interpretation	Only requires interpretation for complex discussions	Does not require interpretation	Fluent

English

Speaking
Reading
Writing
Other Languages

IX. NAME AND ADDRESS OF PERSON TO CONTACT IN CASE OF EMERGENCY:

_____   _____
(Name)   (Home Telephone)

Relationship: _____   _____
                                                 (Mobile Telephone)

_____   _____
(# Street)   (Email Address)

_____
(City or Town)

_____
(Country and Post Code)

X. ATTACHMENTS

Please include with your application the following attachments:

1.)   **2 passport photographs**

2.)   **2 letters of recommendation**

3.)   **Signed Conditions of Training**

4.)   **1 photocopy of International Passport**

Name of Fellow _____
<p style="text-align:center">(FAMILY NAME, Given name, Other names)</p>

Country _____

If I am accepted to receive technical training under the U.S. Department of Agriculture (USDA) Cochran Fellowship Program, I agree to adhere to my arranged program, to devote my time and attention to my studies and/or practical training, and to conform to Cochran Program regulations and procedures for the duration of my training program. Upon my return, I agree to provide feedback to training providers and FAS staff as requested.   I will not seek extension of the period of my program but will return to my country without delay upon completion of my training acquired under this program. I also agree to conform to all laws of the United States.

Furthermore, I thoroughly understand the following requirements and policies of the Cochran Fellowship Program:

I.   Dependents:

USDA does not permit family members to accompany or join a Fellow while he/she is in training.

II.   Attendance of Fellows at Conferences and Meetings:

Attendance of fellows at national or international conferences, conventions or meetings of professional, trade, or other associations is not permitted unless such attendance is a part of the Cochran Fellowship training program.

III.   Conditions for Termination of Training Programs:

USDA reserves the right to terminate the training program of those Fellows who:

A.   Change the course of study or depart the program without authorization from the USDA/Cochran Fellowship Program.
B.   Fail to show sufficient interest in or to pursue effectively their training program.
C.   Have severe mental or physical health problems.
D.   Conduct themselves in a manner prejudicial to the program or to the laws of the United States.
E.   Marry during training without securing prior USDA approval.
F.   Have in any way falsified information on the application and/or supporting documents.
G.   Not compliant with Two Year Residence Requirement for DS 2019 SEVIS Program.

IV.   Travel:

If selected, the applicant, their institution, or other sponsor assumes financial responsibility for *air* travel to and from Washington, D.C. or their specified arrival/departure site. Fellows are not permitted to rent or drive vehicles during their Cochran Fellowship Program.

V.   Financial Support:

The applicant is aware that the financial support provided by the USDA Cochran Program is for training fees, emergency medical insurance, domestic transportation, lodging and food <u>only</u>. The daily maintenance allowance is based on U.S. Government Service Administrates rates and is adequate for modest lodging and food. USDA does not fund any expenses related to family members accompanying the Fellow.

The Cochran Fellowship program does NOT cover the cost of international airfare. Please initial here to indicate you understand this requirement. _____

Do you have guaranteed/approved funding from your company or organization? Yes   No

VI.   Health and Insurance:

It is a requirement before arrival in the United States that every Fellow has a physical examination and be determined to be in good health. Proof of medical fitness (a signed letter from a medical doctor within 1 month of the program start date) is required before you will be allowed to travel to the United States as a Cochran Fellow. The insurance provided to the Fellow while in the United States will cover <u>only</u> **EMERGENCY** medical care and **DOES NOT** cover pre-existing conditions, prescriptions, dental or optical work. In addition, the Fellow may be responsible for paying the established deductible ($100.00) for each occurrence. **I understand that USDA and its training providers are not responsible for any costs related to medical care while in the United States.**

VII.   Debts and Obligations:

The Fellow will be responsible for all debts and financial obligations incurred while in the United States.

VIII. Two-year Home-Country Physical Presence Requirement:

When you agree to participate in an Exchange Visitor Program and your program falls under the conditions explained below, you will be subject to the **two-year home-country physical presence (foreign residence) requirement**. This means you will be required to return to your home country for two years at the end of your exchange visitor program. This requirement under immigration law is based on Section 212(e) of the Immigration and Nationality Act.

Two-year Home-Country Physical Presence Requirement Conditions - An exchange visitor is subject to the two-year home country physical presence requirement if the following conditions exist: **Government funded exchange program** - The program in which the exchange visitor was participating was financed in whole or in part directly or indirectly by the U.S. government or the government of the exchange visitor's nationality or last residence.

For additional information for this requirement, please visit:
http://travel.state.gov/visa/temp/types/types_1267.html#twoyear

Signature below indicates agreement to and understanding of the above conditions.

_____ _____
Applicant's Signature   Date

2017 Cochran Fellowship Program Applicant Bio

Name: _____ _____   MALE   FEMALE

First   Last   Passport
Number:

Place of
Residence: _____ _____   Passport
Expires:

City   Country

Title: _____

Company/
Organization: _____

Description of employer and applicant duties and responsibilities:

Specific technical subjects, topics, courses and/or fields the applicant is interested in:

Education

Name of Institution	Field of Study	Dates Attended	Degree & Date Completed	Language of Instruction

English Language skills

Little to none	Understands but requires interpretation	Only requires interpretation for complex discussions	Does not require interpretation	Fluent

<u>English</u>

Speaking
Reading
Writing