



**Welcome to the Professional Fellows Program on Inclusive Disability  
Employment in Kenya, Tanzania, and Uganda**

**Fall 2018 Fellows Application**

If you cannot complete the application online, you can use this paper form to prepare and submit your application. Please use blue or black pen to complete this application.

The program is sponsored by the Bureau of Educational and Cultural Affairs of the U.S. Department of State and implemented by the Association of University Centers for Disabilities (AUCD) in partnership with the Institute for Community Inclusion (ICI) at UMass Boston and Humanity & Inclusion (formerly Handicap International).

Individuals from diverse backgrounds, including people with disabilities, are encouraged to apply. Reasonable accommodations, including materials in alternative formats (e.g. Braille, electronic, large print), are provided upon request.

After the initial eligibility questions, the application consists of four sections:

- A. Information About You
- B. Your Leadership and Statement of Purpose
- C. Recommendations
- D. Pledge of Authenticity

Please visit <https://pfp-idefellowship.org> for more detail about the program.

Submission of 2 recommendations is required to complete the application process.

Please note that the program staff cannot comment on the quality or give an opinion about your application ideas or content. Thank you in advance for your understanding.

Should you have any technical issues, please email [pfp-idefellowship@aucd.org](mailto:pfp-idefellowship@aucd.org).

We wish you the very best in your application development and submission!

**Applications must have been received by May 16<sup>th</sup>, 2018.**

**Please check whether you are eligible for this.**

1. Were you born between October 12, 1978 and November 16, 1993?

Yes

No

2. Are you currently living and working in Kenya, Tanzania, or Uganda?

Yes

No

3. Are you a citizen, national, or permanent resident of the United States?

Yes

No

4. Are you eligible to receive a U.S. J1 visa?

Yes

No

5. Are you proficient in spoken and written English at the time of application?

- *Speaking proficiency* means that you are able to participate effectively in most formal and informal conversations on practical, social, and professional topics. Communication in spoken English as interpreted by a sign language interpreter (which will be provided by the Professional Fellows Program) through use of American, Kenyan, or Ugandan Sign Language qualifies you for speaking proficiency.
- *Reading proficiency* means you are able to read standard newspaper items, routine correspondence, reports, and technical materials in your field of specialty.

Yes

No

6. Do you have at least two (2) or more years of professional work experience at the time of application?

Yes

No

7. Are you able to demonstrate experience and expertise related to inclusive disability employment?

Yes

No

8. Are you self-directed and able to work effectively in a cross-cultural setting?

Yes

No

9. Are you able to participate in the Professional Fellows Program for Inclusive Disability Employment in the United States in the fall (October 12 – November 16, 2018)?

Yes

No

10. Are you committed to returning to your home country for a period of two (2) years after completion of the program?

Yes

No

11. Are you committed to implementing an individual project that will help to increase access to inclusive employment for individuals with disabilities in your region, country, or community following completion of the program?

Yes

No

## SECTION A: Information About You

1. **Name in English** Your complete last name, first name, and middle name. Do not translate your name. Please write your complete name in *Latin* letters, exactly as it appears in your international passport, if available.

Last Name:

First Name:

Middle Name:

### 2. Gender

Male

Female

3. **Date of Birth** (day / month / year):

### 4. Place of Birth

City:

Region:

Country:

5. **Citizenship** (Country of which you are a citizen):

6. **Country of Residence** (Country where you legally reside):

### 7. Home Address

Street Name, Building, Apartment:

City, Region, Postal Code, Country:

8. **Is the home address you listed your current place of residence?**

Yes

No

**9. Contact Details**

Home Telephone (include country code):

Mobile Telephone (include country code):

E-mail Address:

Skype contact name (if available):

**10. Place of Employment**

Employer Name:

Street Name, Building, Apartment:

City, Region, Postal Code, Country:

Work Telephone (include country code):

Work E-mail:

**11. What is your work position / title?**

**12. Briefly describe your role and responsibilities at work (250 word limit):**

**13. Highest Degree Earned** Please write the complete title of your degree:

**14. In what field is the above degree?**

**15. Work History** List the five most relevant academic and / or professional positions held, beginning with the present. Please do not translate position titles into English, but use Latin letters.

Institution / Employer	Position	Dates of Employment
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- 1.
- 2.
- 3.
- 4.
- 5.

**16. Have you previously been in the U.S. on any education, fellowship or training experiences? If so, please explain. (250 word limit)**

**17. To what other sponsored fellowship, scholarship, or exchange programs are you applying, if any? Please list them.**

- 1.
- 2.
- 3.
- 4.
- 5.

**18. How did you learn about the Professional Fellows Program for Inclusive Disability Employment?**

Check **all** responses that apply.

- Friend
- Colleague / Your Workplace
- Program Alumnus / Alumna
- U.S. Embassy / Consulate
- U.S. Educational Advising Center
- Humanity & Inclusion (formerly Handicap International)
- Newspaper / Journal – please specify:
- TV – please specify:
- Website / Social Media – please specify:
- Radio – please specify:
- Other – please specify:

**19. Foreign Passport.** Do you currently hold an international passport from your home country? Indicating that you do not have an international passport does not affect the selection process, but if you become a semi-finalist and do not have an international passport you are encouraged to apply for one at that time, and ensure it is valid for 6 months beyond the end date of your travel to the U.S.

- Yes  Expiration Date (day / month / year): \_\_\_\_\_  
No

**20.** Please indicate **any disability-related accommodations** needed to participate in the interview process, travel, or fellowship (if selected). (250 word limit)

## SECTION B: YOUR LEADERSHIP AND STATEMENT OF PURPOSE

**Essay Questions.** Please answer in English each question below thoroughly regarding your leadership and intent to participate in the Professional Fellows Program for Inclusive Disability Employment. Please consider the goals of the Program as you respond to the essay questions.

1. Please describe *at least* two (2) situations or experiences in the past where you took a leadership role. (400 word limit)
2. An important quality in successful Professional Fellows is the ability to creatively solve problems and overcome obstacles. Please describe how you have overcome a significant obstacle in your personal or professional life. (300 word limit)
3. Effective leaders are able to fail and learn from their failures. Please describe a situation in the past where you were in a leadership role and used a lesson that you learned from a failure (i.e. led yourself or a group through failure). Please describe the failure, the lesson that you learned and how that enabled you to lead better than you would have otherwise. (300 word limit)
4. What professional goals related to the inclusion of individuals with disabilities in the workplace have you established for yourself, and how will the Professional Fellows Program help you achieve those goals? (200 word limit)
5. Please describe an issue, question, or problem in inclusive disability employment in your region, country, or local community that would be the focus of your fellowship training in the U.S. Below are some guiding questions to help you draft your response. (500 word limit)
  - *Why is this issue, question, or problem important?*
  - *What are the barriers and opportunities for addressing those barriers, and who should be involved?*
6. Should you be selected as a Professional Fellow, you will be required to design an inclusive employment project for your region, country, or local community and implement this project in the six (6) months following the U.S.-based portion of the fellowship. We refer to this project as **follow-along project**.

In the space below, please outline an idea for a follow-along project that you would like to implement. Please address the following project components:

- *Project Goals, Objectives, and Outcomes*
- *Activities*
- *Beneficiaries*
- *Partnerships and Collaboration (if any)*
- *Project Timeline*

(Financial support for projects will not be provided). (500 word limit)

7. Please describe any challenges (beyond funding) that you may face in sustaining your **follow-along project** and some ideas for addressing those challenges. (250 word limit)



## **SECTION C: YOUR REFERENCES**

Attach recommendations. Two (2) recommendations must be included with your application, and must meet these criteria:

- One letter of recommendation must be from your employer (or professional colleague, if self-employed) that supports your application (two page maximum);
- One letter of recommendation must be from an individual (from outside your organization of employment) who can attest to your experience and expertise related to inclusive disability employment (two page maximum);
- A non-English recommendation must be accompanied by a translation.

## **SECTION D: PLEDGE OF AUTHENTICITY**

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

In signing this application I certify that I am not an employee, spouse, or a dependent of an employee of the Professional Fellows Program for Inclusive Disability Employment or the U.S. Department of State.

I understand that in addition to the selection process outlined in this application, the final decision of my application and my status as a Professional Fellow is contingent upon program funding, on the ability of the U.S. Department of State to place me at an appropriate U.S. university or other host site, and on my ability to receive and maintain a J-1 visa to the United States.

If selected as a Professional Fellow, I agree to abide by the stipulations of the J-1 visa requirements, and by all program regulations, and to return to my home country for a minimum of two (2) years upon completion of the Professional Fellows Program for Inclusive Disability Employment.

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***Signature***

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***Day/Month/Year***

**Please mail your application and letters of recommendation to:**

Professional Fellows Program for Inclusive Disability Employment  
AUCD  
1100 Wayne Avenue, Suite 1000  
Silver Spring, MD 20910  
USA

**Thank you for submitting your application.**