



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

Fall 2019 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 by emailing [pfp-idefellowship@aucd.org](mailto:pfp-idefellowship@aucd.org). If you are completing the application by hand, feel free to attach additional pages.

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 June 3<sup>rd</sup>, 2019.

Please check whether you are eligible to apply.

1. Were you born between October 16, 1979 and November 23, 1994?

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 the spouse of a U.S. citizen or permanent resident of the United States?

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. Tanzanian Sign Language does not qualify for speaking proficiency, but candidates can request a waiver for this requirement.
- *Reading and writing proficiency* means you are able to read standard newspaper items, routine correspondence, reports, and technical materials in your field of specialty. Writing proficiency means that you are able to communicate effectively and interactively with native English speakers for informal and formal communication without assistance. Proficient use of screen readers or English braille print is acceptable for proficiency.

Yes

No

No, I use Tanzanian Sign Language but request a waiver

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 16 – November 23, 2019)?  
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 surname, and given name. Do not translate your name. Please write your complete name in *Latin* letters, exactly as it appears in your international passport, if available.

Surname:

Given Names:

What name do you prefer to be called?

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 include 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 |
|------------------------|----------|---------------------|
|------------------------|----------|---------------------|

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 and provide dates of your stay in the U.S.  
(250 word limit)

17. Are you applying to any other U.S. government-sponsored fellowship, scholarship, or exchange programs? If so, please list them and your application status.

- 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). All disclosure is voluntary and up to the discretion of the applicant. Accommodation needs and disability status will not impact the evaluation of your suitability for this program. If you are selected for this program, the information will be used to provide assistance, if needed. (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. An excellent candidate will illustrate concrete examples of significant past leadership related to disability employment. (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. An excellent candidate will demonstrate creativity and perseverance in solving significant obstacles. (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. An excellent candidate will persuasively demonstrate how learning from failure has improved his or her leadership. (300 word limit)
  
4. What motivates you to work on disability and inclusive employment related work? An excellent candidate will clearly articulate a compelling motivation that logically relates to inclusive employment and disability related work. (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. An excellent candidate will demonstrate a thorough understanding of disability and employment issues at both an immediate and systems levels with specific details about partners, data or models of intervention that logically relate to items addressed in questions 4, 6 and 7. (500 word limit)
  - *How do you know that this is a problem?*
  - *Why is this issue, question, or problem important?*
  - *What is the scale of the issue or problem?*
  - *What are the barriers and opportunities for addressing those barriers?*



- *Who might you work with to address the problem?*

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. You will implement this project in the six (6) months following the U.S.-based portion of the fellowship *without funding from the fellowship program*. 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*

An excellent candidate will detail a thorough project concept with a clearly integrated set of goals, objectives, outcomes, activities and stakeholders that is both ambitious and achievable. He or she will connect this project to the personal motivations in question 4, the community issues identified in question 6, and the personal capacity detailed in question 7.

(500 word limit)

7. Please describe how this inclusive employment project is related to work you are currently doing and your capacity to accomplish the proposed project. Include any past work toward the project goals identified in question 6. An excellent candidate will articulate personal and professional experience related to the project goals. (200 word limit)
8. 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. AUCD reserves the right to verify all the information listed in the application. Providing false or misleading information will result in disqualification.

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*

*Day/Month/Year*

Please email your application and letters of recommendation to [pfp-idefellowship@aucd.org](mailto:pfp-idefellowship@aucd.org).

Thank you for submitting your application.