

Preliminary Questions

Program/Course selection	
Legacy Form ID	14580626
Legacy User ID	37659756

General Information

Citizenship/Birthplace	
Salutation	Ms.
Last/Family Name	Doe
First/Given Name	Jane
Date of Birth	09-09-1989
Gender:	Female

Current Mailing Address

Street	Name St
City	CITY
Postal Code	5555
Country	New Zealand
Home Telephone	022555555
Work Telephone	04 55555555
Cell Phone Number	022555555
Email	me@fulbright.org.nz

Permanent Mailing Address

Street	Name St
City	CITY
Postal Code	5555
Country	New Zealand

General Information

City	CITY
Country	New Zealand

Country of Citizenship	New Zealand
Country of Residence	New Zealand
U.S. Citizenship?	No
Do you now or have you ever held dual citizenship?	No
U.S. Permanent Residency?	No

Study Plans

Which application cycle are you applying to?	2018-2019
Degree Objective	Master's
What is your proposed major field of study?	Arts
What is your specialization/subfield of study?	Arts Management
Briefly describe the specific area of the field in which you plan to specialize.	Description
Future Plans:	Description

Education

Education	
Institution	University Name
Location	CITY
Major field of study	Major field of study
Enrolled From	03-2005
Enrolled To	03-2007
Actual name of degree or diploma	Bachelor of Name
Date received or expected	09-2007

Insitution	University Name
Location	CITY
Major field of study	Major field of study
Enrolled From	03-2008
Enrolled To	09-2009
Actual name of degree or diploma	Masters of Name
Date received or expected	02-2010

Awards and Recognitions

Scholarships and Fellowships	List of scholarships and fellowships
Academic Honors and Prizes.	List of honors and prizes
Published Books, Articles, or Theses	List of publications
Professional Societies, Fraternities or Organizations	List of memberships
Teaching Experience	List of teaching experience
Research Experience	List of research

Experience, Language Skills and Test Scores

Occupational Experience

Identify your current position or occupation	Administrator, Government
Name of Employer	Name of Employer 1
Street	Name St
City	CITY
Postcode	5555
Country	New Zealand
Title/Type of work	Programme Manager
Employed From	02-2010
Employed To	04-2011

Name of Employer	Name of Employer 2
Street	Name St
City	CITY
Postcode	5555
Country	New Zealand
Title/Type of work	Programme Director
Employed From	05-2011
Employed To	12-2017

Language Skills	
Mother Tongue	English

Exam Dates	
GRE General Exam	true
Date	02-2019
GRE Subject Exam	true
Subject Name	English
Date	04-04-2019

Travel Details	
If you have traveled, lived, or studied in any country other than your own for more than a month, indicate places, dates and reasons. (Education, research, business, vacation, etc.)	USA - Jun-Dec 2015 - student exchange UK - May-June 2016 - holiday Kenya - Jan-Mar 2008 - holiday

Emergency Contact	
Last/Family Name	Last name
First/Given Name	First name
Street	Name St
City	CITY
Postcode	5555
Country	New Zealand
Phone Number	0225555555

Email	me@email.com
Relationship to you	Relationship
Last/Family Name	Last name
First/Given Name	First name
Street	Name St
City	CITY
Postcode	5555
Country	United States
Phone Number	022555555
Email	me@email.com
Relationship to you	Relationship

Personal Information

Personal Information	
Please list your interests and hobbies.	List of hobbies and interests
National Identification Number (if applicable)	NA
Marital Status	Single
Number of Dependents (spouse and children)	NA
	Description of any physical impairment you may have.
	List of other scholarships to which I have applied
Proposed Length of stay in the U.S.	1 year
Approximate Arrival Date	08-2019
Please indicate all that apply	Fulbright website, Internet link
Please specify the Link	http://www.fulbright.org.nz/
U.S. University you plan to attend:	NA
Name of Institution	Name of university
Name of Specific Department	Department of name

Name of Institution	Name of university
Name of Specific Department	Department of name
Name of Institution	Name of university
Name of Specific Department	Department of name
Name of Institution	Name of University
Name of Specific Department	Department of name

References

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right of access to recommendations.	I DO WAIVE my right to inspect the contents of the recommendation
Last/Family Name	Last name
First/Given Name	First name
Position	Position
Street	Name St
City	CITY
Postal Code	5555
Country	New Zealand
Email	me@email.com
Last/Family Name	Last name
First/Given Name	First name
Position	Position
Street	Name St
City	CITY
Postal Code	5555
Country	New Zealand
Email	me@email.com
Last/Family Name	Last name
First/Given Name	First name
Position	Position

Street	Name St
City	CITY
Postal Code	5555
Country	New Zealand
Email	me@email.com

Authorization of Release of Information

I authorize the Fulbright Program Office or its administrative agency	Yes
First/Given Name	First name
Last/Family Name	Last name

Personal Financial Information

FUNDS AVAILABLE FOR YOUR FIRST YEAR OF STUDY IN THE UNITED STATES (U.S. Dollars)

Father's Occupation	Occupation
Mother's Occupation	Occupation
Spouse's Occupation	NA
What is the total amount your family can provide for your FIRST YEAR of study in the U.S.?	Amount
What is the total amount you can provide from your own funds for your FIRST YEAR of study in the U.S.?	Amount
Have you been awarded or do you expect to receive financial assistance from a university or institution in your home country in the U.S. or from any other sources?	No
GRAND TOTAL of A, B, and C	Amount

FUNDS AVAILABLE AFTER YOUR FIRST YEAR OF STUDY IN THE UNITED STATES

If you remain for more than a year would the same amount of money as indicated in "GRAND TOTAL" above be available for your SECOND YEAR of study in the U.S.?	No
Family Funds	Amount
Your Own Funds	Amount

Other Funds	Amount
Total	Amount

TRAVEL FUNDS

Specify the amount you have available for round-trip travel

NA

Dependents

List the relationships and ages of any persons who will require financial assistance from you during your stay in the U.S.

Relationship - age
Relationship - age
Relationship - age

Will these dependents accompany you to the U.S.?

No

Essays & Resume/Curriculum Vitae

Study/Research Objectives

Study/Research Objectives

Study Research Objective.pdf

Personal Statement

Personal Statement

Personal Statement.pdf

Resume/Curriculum Vitae

Resume/Curriculum Vitae

CV.pdf

Transcripts and Additional Documents

Transcript

Transcript

Unofficial Transcript.pdf

Country Specific Questions

Country Specific Questions

NZ Country Specific Questions.pdf

Additional Documents

Additional Documents

Signature Form and Academic Records Form.pdf

Jane Doe - Study/Research Objectives Statement

One A4 page, typed, font size 11, and uploaded in PDF format.

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Falli iriure prompta vel ei, munere eirmod docendi ex vel, at duo wisi fuisset. Ei civibus fierent vulputate eam, vix in essent eirmod accusamus. Ludus everti nec ut, feugiat consulatu iracundia te pri. Has eu sint malis, inermis adipisci convenire at pri, viris Lorem ipsum dolor sit amet, pro simul blandit concludaturque ad, at est everti intellegat dissentiet. Mea in movet quidam, inani ancillae vim ad, adhuc moderatius vel ea.

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Jane Doe - Personal Statement

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Curriculum Vitae

DANIEL A. WOODS, Ed.D.

7669 Chestnutfield Road • Baltimore, MD 21201

Home: #10-224-6649 • Cell: #10-224-6647

Email: danwoods@baltimore.k12.md.us

PROFESSIONAL PROFILE

- Accomplished career demonstrating consistent success as an Administrator and Educator at the secondary and higher education levels. Outstanding track record in assuring student success.
- Seasoned in conceiving and building programs from the ground up through proven competencies in grant writing and administration, project and program management, and staff development and empowerment.
- Extensive background of developing and implementing special programs for at-risk and special needs students, racially and ethnically diverse populations, and second-language learners.
- Effective communicator with excellent planning, organizational, and negotiation strengths as well as the ability to lead, reach consensus, establish goals, and attain results.

EDUCATION

- Ed.D., Educational Finance and Policy, The Catholic University of America, Washington, DC, 1988
DISSERTATION: *An Analysis of the Program Cost and Intensity of Service of Public and Nonpublic Special Education in Maryland*
- M.Ed., Educational Management and Supervision, Loyola College, School of Management and Administration, Baltimore, MD, 1978
- B.S., Elementary and Special Education, Towson State University, Towson, MD, 1976

ACADEMIC HONORS AND AWARDS

- Recipient, Graduate Assistantship Award, Loyola College, 1977 to 1978
- Graduated Magna Cum Laude, Towson State University, 1976

ACADEMIC /TEACHING EXPERIENCE

Adjunct Associate Professor, Goucher College, Baltimore, MD, 1997 to Present

- Teach Educational Psychology, Foundations of American Education, and Classroom Management to classes averaging 20 students. Supervise Student Teachers at Gettysburg Area High School.

Adjunct Instructor, University of Maryland, College Park, MD, 1997 to Present

- Teach Current Trends in Education, Students with Special Needs and Diverse Learning Styles, and Learning Theory and Human Development to graduate students in class sizes averaging 20 students.

Senior Lecturer, Coppin State University, Baltimore, MD, 1991 to 1996

- Taught course on the Nature and Needs of Exceptional Children to classes of 25 to 30 undergraduate students.

Lecturer, The Johns Hopkins University, Baltimore, MD, 1984 to 1996

- Taught course on Adapting the Secondary Curriculum for Special Education Students to graduate students in class sizes averaging 15 students.

Internal Transcript
 Not an official transcript. For use within The University of Auckland only

Name: Alyson Lisa Louise Moore
Student ID: 5799755
Entrance Qualification: 2011 Entrance from NCEA Level 3

Academic Programme History

Programme: Bachelor of Science
 Major in Medicinal Chemistry
 22/01/2012 Active in Programme
 01/12/2014 Eligible to Graduate
 06/05/2015 Degree Awarded

Programme: Bachelor of Science (Honours)
 Major in Medicinal Chemistry
 02/12/2014 Active in Programme
 19/12/2015 Eligible to Graduate

Programme: Master of Professional Accounting
 Part III Specialisation: Accounting
 23/09/2015 Active in Programme

Beginning of Formal Award Record

<u>Programme</u>	<u>Course</u>	<u>Description</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>
*12 Sem1 (27/02/2012 - 25/06/2012)					
Enrolled Full-Time					
BSC	BIOSCI 101	Essential Biology: From Genomes to Organisms	15.00	15.00	Pass A
BSC	BIOSCI 107	Biology for Biomedical Science: Cellular Processes and Development	15.00	15.00	Pass A
BSC	CHEM 110	Chemistry of the Living World	15.00	15.00	Pass A+
BSC	STATS 101	Introduction to Statistics	15.00	15.00	Pass A+
Term GPA		8.500	Term Totals		
Cumulative GPA		8.500	Cumulative Totals		
			60.00	60.00	
			60.00	60.00	
*12 Sem2 (16/07/2012 - 12/11/2012)					
Enrolled Full-Time					
BSC	BIOSCI 106	Foundations of Biochemistry	15.00	15.00	Pass A+
BSC	CHEM 120	Chemistry of the Material World	15.00	15.00	Pass A+
BSC	MEDSCI 142	Biology for Biomedical Science: Organ Systems	15.00	15.00	Pass A-
BSC	MUS 149G	New Zealand Music Studies	15.00	15.00	Pass A
Term GPA		8.250	Term Totals		
Cumulative GPA		8.375	Cumulative Totals		
			60.00	60.00	
			120.00	120.00	

FULBRIGHT NEW ZEALAND GRADUATE AWARDS



COUNTRY SPECIFIC APPLICATION QUESTIONS

You must upload a completed copy of this form to your online application by the 1 August deadline.

GRANTEE DETAILS

Full name (as on passport)	Jane Doe
Preferred name	Jay
Phone number	555 5555
Email address	me@email.com
Current address	12 Name St, City Town, New Zealand 5555
Address valid until (provide date)	June 2019

AWARD CATEGORY

Please indicate which award you are applying for

Fulbright Science & Innovation Graduate Award	<input checked="" type="checkbox"/>	Fulbright-EQC Graduate Award in Natural Disaster Research *	<input type="checkbox"/>
Fulbright New Zealand General Graduate Award	<input type="checkbox"/>	Fulbright-Ngā Pae o te Māramatanga Graduate Award *	<input type="checkbox"/>

* NOTE: Applications for the EQC and Ngā Pae o te Māramatanga awards require an award-specific essay/statement in addition to the Study/Research Objectives and Personal Statements required as part of the online application. See 'Award Specific Statements' section below.

ETHNICITY

Which ethnic group(s) do you belong to?

Pakeha / NZ European	<input type="checkbox"/>	Maori	<input checked="" type="checkbox"/>	Pacific	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Please elaborate or provide detail where required / appropriate									

REFEREES

List the three referees who have supplied references for you

Name	Email	Position & Organisation
Name name	me@email.com	Position, Organisation
Name name	me@email.com	Position, Organisation
Name name	me@email.com	Position, Organisation

ARRESTS / CONVICTIONS

Have you ever been arrested or convicted by a court of law?	Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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*If you answered 'yes', please attach to this application as much additional information as possible, including a description of the charge or conviction, the date, the factual circumstances and supporting court documentation. You may be contacted for additional information. If you are arrested or convicted by a court of law after the submission of this application, you must inform Fulbright New Zealand in writing.

Applicants must disclose all prior criminal convictions (excluding traffic violations) whether in New Zealand or elsewhere. Failure to disclose a criminal conviction or providing inaccurate or misleading information may result in the withdrawal of a Fulbright award. A criminal conviction may affect your eligibility for a US visa. If you have any questions or concerns please contact Fulbright New Zealand.

PROMOTION CHANNELS

Tick to indicate how you heard about the Fulbright Graduate Awards

Online search	<input checked="" type="checkbox"/>	Email from NZ university (provide university & department below)	<input type="checkbox"/>
Email from Fulbright New Zealand	<input type="checkbox"/>	University staff member (specify department and university below)	<input type="checkbox"/>
Fulbright New Zealand social media (specify below)	<input type="checkbox"/>	Print publication (provide publication name below)	<input type="checkbox"/>
Other social media (provide detail below)	<input type="checkbox"/>	Exchange or careers fair (specify details below)	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Fulbright NZ outreach seminar (provide location below)	<input type="checkbox"/>
Previous Fulbright grantee	<input type="checkbox"/>	Other, specify below	<input type="checkbox"/>

AWARD-SPECIFIC STATEMENTS

If you are applying for the EQC or Ngā Pae o te Māramatanga awards, provide an additional essay / statement as outlined below. Applications for the General, and Science and Innovation categories do not require additional statements.

Fulbright-EQC Graduate Award in Natural Disaster Research Statement

Please provide a statement outlining your natural disaster-related study, research and work experience. Include any areas of specialisation, relevant career highlights, or special achievements to date. Submit your statement attached to this form. Statements must not exceed one typed page.

Fulbright- Ngā Pae o te Māramatanga Graduate Award Statement

Please provide a statement outlining your studies and experience in subject areas that are relevant to the vision and mission of Ngā Pae o te Māramatanga. Submit your statement attached to this form. Statements must not exceed one typed page.

CANDIDATE STATEMENT & DECLARATION

I understand that the information given in my Fulbright application will be used solely for the purpose of assessment and administration of a Fulbright New Zealand Graduate Award. The information contained within this application will be made available to members of the Fulbright NZ selection committees, Fulbright NZ staff, US Fulbright administrators and award sponsors.

By my signature I certify that (please tick):

The information given in this application is complete and accurate to the best of my knowledge	<input checked="" type="checkbox"/>
I understand and comply fully with the eligibility criteria of this award	<input checked="" type="checkbox"/>
I understand that formal award of a grant will be dependent on admission into a US university and acquiring a US visa	<input checked="" type="checkbox"/>
Upon completion of an authorised stay in the US under the Fulbright Programme, I agree to return to New Zealand for two years to fulfil the home residency requirement of the J-1 non-immigrant visa	<input checked="" type="checkbox"/>

Name	Jane Doe
Date	Dd/mm/yyyy
Signature	Jane Doe

A typed signature is sufficient

You must upload a completed copy of this form to your online application by the 1 August deadline.

Jane Doe – Award-Specific Statement

Only required for EQC and Ngā Pae o te Māramatanga Award Applications.

One A4 page, typed, font size 11, and uploaded in PFD format.

Lorem ipsum dolor sit amet, pro simul blandit concludaturque ad, at est everti intellegat dissentiet. Mea in movet quidam, inani ancillae vim ad, adhuc moderatius vel ea. Legimus impedit eos id, an sed graeco molestie appellantur. Iisque deserunt petentium mei ne, usu ponderum evertitur ut, in usu elitr appetere eloquentiam. Adhuc dicant gloriatur est cu. Alii ullamcorper ne eam, at quem possim vivendum eos, duo ea consectetuer voluptatibus.

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NAME OF APPLICANT:

Jane Doe

COUNTRY:

New Zealand

INFORMATION CONCERNING FOREIGN STUDENT ACADEMIC RECORDS

To assist academic institutions in evaluating more accurately your academic credentials, please provide the following information. A separate form should be completed for each university attended.

UNIVERSITY: University of Name

COUNTRY: New Zealand FIELD OF STUDY: Art Management

1. What marking scale is used in the above university? A+ - D grade

2. a) What is the lowest passing/satisfactory mark given in this university? C

b) What is the highest mark that can be given? A+

c) What is the highest mark that is usually given? A+

3. What is the candidate's rank 9 out of graduating class of 50?

If rank is not available, in what percentile of the graduating class was the candidate? _____%

4. What is the first degree this university offers in this field of study? Bachelor of Arts

5. How many years of university study are usually required to earn this degree? 3 years

6. Please provide the following information about the degree this student has pursued:

a) Minimum number of courses and/or hours/credits required for completion: 360 Points

b) If the student has failed or has had to repeat a course, is this indicated on the academic record? YES NO

c) Are transcripts available for degrees at this level? YES NO

d) Do academic records issued by this university list all courses or lectures the student attended? YES NO

7. If thesis is required, when did the student begin preparation? NA

Is defense required? _____ Did student pass? _____ Grade: _____



NAME: Jane Doe COUNTRY: New Zealand

Signature Form

Instructions:

Please print this form. Carefully read the information and check each box. Print and sign your name and date the form. Forward the completed form to the Fulbright Program Office in your country.

By my signature,

- I certify that the information given in this application is true, correct, and complete to the best of my knowledge.
- I understand that any misrepresentation or omission of information may be cause for disqualification.
- I understand that my application and supporting documentation will be reviewed by representatives in various offices, including the Fulbright Program Office through which I applied and its designated administrative agency, the Bureau of Educational and Cultural Affairs/U.S. Department of State, and the J. William Fulbright Foreign Scholarship Board.
- I understand that I am not entitled to hold, nor do I hold, U.S. citizenship or permanent residence.
- I understand that formal award of a grant is dependent upon my acceptance to a U.S. institution for study and my eligibility for a visa to the United States.
- Upon completion of an authorized stay in the United States under the Foreign Fulbright Program, I agree to return to my home country for two (2) years to fulfill my home residency requirement.

Jane
Print First Name

Doe
Print Last Name

Signature

Jane Doe

DD/MM/YYYY
Date (Month/Day/Year)