APPLICANT NAME:	
COUNTRY	







International Leaders in Education Program

Application for Teachers

A program of the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA), implemented by IREX

Please answer ALL questions. Incomplete applications will NOT be accepted.

Name (please spell exactly as	it is written on your passport or other photo identification)
First/Given name:	
Middle name:	
Family name/Surname:	
Country	
Country of Citizenship:	
Country of Legal Residence:	
Place of Birth	
City of Birth:	
Country of Birth:	
Gender	
☐ Male ☐ Female	
Number of Years Teaching a	at a Secondary School
I have been teaching for	years (not including student teaching practicums).

			Co	UNTRY:		
Date of Birth	n (as listed on ye	our passport o	r other photo ic	dentification)		
Month		Day		Year		
Please check	your birth month:	,		•		
☐ January	☐ February	☐ March	☐ April	☐ May	☐ June	
☐ July	☐ August	☐ September	☐ October	☐ November	☐ December	
	line is your curr	ent PRIMARY to	eaching assign	ment?		
English						
☐ English for	native speakers	☐ English for	non-native speak	ers 🗆 Englis	h literature	
☐ English Gra	ammar	☐ Other				

APPLICANT NAME:

APPLICANT NAME:	
COUNTRY:	

What other disciplines do you teach? (Select all that apply)
English
☐ English for native speakers ☐ English for non-native speakers ☐ English literature
☐ English Grammar ☐ Other
Mathematics
□ Algebra □ Geometry □ Calculus □ Statistics □ Other
Science
☐ Chemistry ☐ Physics ☐ Earth Science ☐ Biology ☐ Other
Social Studies
☐ History ☐ Geography ☐ Sociology ☐ Civics ☐ Economics ☐ Religion
□ Other
Special Education (Working with students with learning or physical disabilities)
☐ English ☐ Mathematics ☐ Science ☐ Social Studies ☐ Other

	APPLICANT NAME:
	COUNTRY:
D. Home Mailing Address:	
Street/Building Number	Apartment Number
City or Town	
Region/Province/State	
Telephone number (country code + city code + number)	(country code + city code + number)
E-mail:	
0. School Address:	
Name of School:	
City or Town	_ Region/Province/State
Country	_
11. School Information:	
a) Is your school in an urban, suburban, or rural area? b) Is your school government-run or private?	☐ Urban ☐ Suburban ☐ Rural ☐ Government-run ☐ Private
Total number of students at the school:	
Total number of full-time teachers at the school:	
Total number of part-time teachers at the school:	
Grade levels at the school:	
Age range of students:	
Average number of students per class:	
Do students pay tuition to attend the school?	
	school and the community it serves: Who are the students? e their studies at your school? What kind of work do their formation about the school community here.

	APPLICANT NAME:	
	Country:	
12.	ave you ever been convicted of a crime?	
	please provide additional information, including a description of the factual circumstances of the arrest or tion and any supporting documentation.	
	s a teacher at your school participated in ILEP, or the Teaching Excellence and Achievement (TEA) program?	lf
yes	hat is his/her name, the program and the dates of participation? ☐ Yes ☐ No	
	Name(s):	
	Program:	
	Dates of Participation:	
14.	e you currently applying to any other U.S. government sponsored program, <i>including online programs</i> ?	
	If yes, please specify which program:	
	Program Dates:	
	Name of sponsoring organization:	
	re you currently applying or do you plan to apply to any professional development programs in other ies? Yes No	
	If yes, please specify which program:	
	Program Dates:	
	Name of sponsoring organization:	
16.	ave you previously submitted an application for either the Teaching Excellence and Achievement (TEA) Prograte the International Leaders in Excellence Program (ILEP)? ☐ Yes ☐ No	m
	If yes, please specify which program: Program Dates:	

APPLICANT NAME:	
COUNTRY:	

17. In the chart below, please fill in any previous trips you have taken outside of your home country. Please include trips for tourism, work, and exchange programs. Also include any trips sponsored by the U.S. government. Please provide as many details as possible in the "Notes" column.

City, Country Visited	Year of Travel	Reason for Visit (Work/ Tourism/ Exchange Program)	Notes (Name of program, program details, sponsoring organization, etc.)

		APPLICANT	NAME:	
		Coun	TRY:	
	ernational experience you have country. Please include dates		king with international organizations or	
of the world. What ste		sfully live with a p	often have roommates from other areas person from another country? Give an eone from a different culture.	
20. How did you learn a	bout ILEP?			
-	☐ ILEP Alumnus/a ☐ lewspaper, magazine, etc):		☐ School Administrator	
· -				
•	icial or Regional English Langu	•	_ 3	
Ü			-	

21. Education: Please list your educational background.

Institution/School	# of years of study	Field of Study	Degree/Certificate (High School Diploma, College, Postgraduate (e.g. Masters, PhD), etc.)	Year Degree Awarded

APPLICANT NAME: _	
Country:	

22. Foreign Language Proficiency: Please rate your proficiency for each language you know in the categories of reading, writing, comprehension and speaking. Please rate on scale of 1 to 5 with 1 being low, and 5 being high.

Language	Reading	Writing	Comprehension	Speaking

23. Work History: Please list below your work history for the past five years. **Please list your current position first.** Please complete only one section per school, even if you worked there for multiple years.

<u>Current</u>	School	Inforn	nation

Name of school:
Position/Title:
Length of employment (dates):
Grade level(s) taught and age range of students:
Number of hours per week teaching:
Primary discipline taught:
Additional duties:
Previous School Information
Name of school:
Position/Title:
Length of employment (dates):
Grade level(s) taught and age range of students:
Number of hours per week teaching:
Primary discipline taught:
Additional duties:
Previous School Information
Name of school:
Position/Title:
Length of employment (dates):
Grade level(s) taught and age range of students:
Number of hours per week teaching:
Primary discipline taught:
Additional duties:

APPLICANT NAME:	
COUNTRY:	

24. Additional Education or Professional Experience & Activity: Please list what activities you have pursued to maintain and improve your professional training as an educator (for example, conferences, professional training, publications, certificate programs, etc.). In addition, please list professional organizations that you are a member of and relevant work in your community outside of school.

APPLICANT NAME:	
COUNTRY:	

25. Describe the opportunities or challenges for students in your community to receive a quality education. If applicable, describe how you have expanded or improved opportunities for access to education, or addressed other important issues related to quality education in your community.

APPLICANT NAME:	
COUNTRY:	

26. Weekly Teaching Schedule:

School Name	Day of the Week	Time of Day	Length of Class/Responsibility (in minutes)	Subject	Grade Level	Number of Students in the Class	Age of Students
Sample Schedule	Monday	9:00 – 9:45 am	45 minutes/ Teacher	Geography	Level 9	55 students	14 – 15 years
Sample Schedule	Monday	10:00 – 10:55 am	55 minutes/ Teacher	Civics	Level 10	55 students	16 – 17 years
Sample Schedule	Monday	1:00 – 1:45 pm	45 minutes/Teacher	History	Level 10	55 students	16 – 17 years
Sample Schedule	Monday	2:00 – 3:00 pm	60 minutes/ grading	Prep			
Sample Schedule	Tuesday	8:30 – 9:25 am	55 minutes/ Teacher	Civics	Level 10	55 students	16 – 17 years

<u>Please provide a sample of your weekly teaching schedule</u>. This should include all classes you are currently teaching including planning and prep time, as well as additional responsibilities outside of teaching. If you teach in more than one school, please indicate the school name. A sample is provided above. Please include information about your schedule at the time of this application.

Your Current Schedule:

School Name	Day of the Week	Time of Day	Length of class/ responsibility (in minutes)	Subject	Grade Level	Number of Students in the Class	Age of Students

APPLICANT NAME:	
COUNTRY:	

26 (continued). Weekly Teaching Schedule

School Name	Day of the Week	Time of Day	Length of class/ responsibility (in minutes)	Subject	Grade	Number of Students in the Class	Age of Students

\PPLICANT NAME: _	 	
COUNTRY:		

27. Statement of Purpose: Your Statement of Purpose is the most important part of your application. Your response will give the selection committee an opportunity to better understand you as a teacher leader and your desire to participate in the program. Statements must be clearly written in order to be considered.

Part I

In the space provided, please address *all* questions in *no more than 500 words*:

- Why do you want to participate in ILEP?
- Describe an occasion when you were a leader or set a positive example in your school.
- What skills and experience do you hope to gain from participating in ILEP?

Part II

In the space provided, please address all questions in no more than 500 words:

- How will your community benefit from your participation in the program? Describe at least two ways you will share what you learn with your school and/or community.
- Identify a challenge or pressing issue you seek to improve on in your school or community upon returning home from the International Leaders in Education Program.

APPLICANT NAME:	
Country:	

Additional Space: Please use this space for any additional information. Include any responses that did not fit elsewhere in the application.

APPLICANT NAME:	
Country:	

IREX PRIVACY POLICY & APPLICATION CERTIFICATION STATEMENT

Your privacy is important to IREX. That is why we request that all applicants read the following privacy policy statement carefully.

1. APPLICANT AND PARTICIPANT INFORMATION CONTENT AND STORAGE

Information about program applicants and current and past participants consists of data contained in their applications, information derived from interviews, and information gathered during the course of their program and as program alumni. IREX stores this information in written and electronic form indefinitely. Some data, such as contact information and professional experience, is continually updated.

- 2. USE OF INFORMATION: Information, which is described above, may be:
- A. Used by selection committees and interviewers to review applicants;
- B. Supplied to the program's funding organization;
- C. Submitted to potential host schools, universities, or organizations and/or organizations that provide field experience opportunities; and
- D. Used for the evaluation of an individual's participation in the program and in the collection of data for general program evaluation by IREX, funding agencies or other organizations contracted to conduct evaluations.

IREX does not sell applicant or current/past participant information.

The principles stated herein are binding only to IREX; other organizations involved in the implementation of these programs may adhere to other privacy or similar policies.

3. CERTIFICATION: I certify that I completed this application myself, without any aid or assistance, that the information given in this application is complete and accurate, and that I have carefully read and understand all notes and disclaimers provided therein.

I understand that IREX reserves the right to verify all the information listed in the application. I understand that giving false or misleading information in the application will result in exclusion from the competition or immediate dismissal from the International Leaders in Education Program (ILEP).

Also, I acknowledge that I am aware of the following requirements that I must observe if I am selected for the program:

- I must abide by all program rules and regulations and observe all the laws of the United States during my stay
 there, including returning to my home country for at least two years at the conclusion of the program in
 compliance with J-1 visa requirements.
- The health benefit coverage provided to me during my travels is intended only for emergencies and does not cover ordinary, pre-existing, and dental conditions.
- My spouse, children, other relatives or individuals are not permitted to accompany me to the United States on the program.

Signature of Applicant (must be hand signed)	Date