

**Transformational Leadership Program – Scholarships and Partnerships**

**2016 PROFESSIONAL CERTIFICATE PROGRAM APPLICATION FORM**

***Read All Instructions and Information Carefully Before Completing This Form***

**INSTRUCTIONS**

1. All portions of this form are to be completed by the applicant in English and using a computer (not by hand).
2. Every question must be answered completely and carefully. You must limit your responses as required in the instructions.
3. **Essay Questions** (Numbers 24, and 25): Comply with word limits. ***Do not*** list your choice of universities. If you are selected, World Learning will submit applications on your behalf to appropriate programs. Submit your two essays both as part of a PDF file with all other parts of the application and separately in a Word document.
4. **Applicant’s Confirmation of Authenticity** (Number 33): All applications will be screened for plagiarism, defined as presenting as one’s own the words of others. Your signature on this form certifies that your essays contain only your own original writing and that all of the information provided is true and accurate to the best of your knowledge.
5. **Reference Letters**: All references must be on the letterhead of the issuing institution, dated, include all contact details of the person giving the reference and their signature. The references should not be more than one year old. The references should be scanned and sent as a PDF.

If this is not possible for any reason, the reference should be sent directly from the person writing the reference to World Learning at apply@usaid-tlp-sp.org. If you have received a reference through email which does not correspond to the above requirements, please forward that email message to apply@usaid-tlp-sp.org as confirmation of authenticity.

Please send three reference letters. Two references should be academic and one professional. If you cannot obtain two academic references, it is acceptable to provide two professional and one academic.

1. Completed applications must be signed, then scanned, then sent to apply@usaid-tlp-sp.org by email attachment together with all other necessary documents.
2. **Documents: Please submit the entire application in PDF, including the essays, and also submit the essays separately in Word. When you submit your application make sure that the full application is included in PDF and the essays are included a second time in Word.**
3. All documents must be complete and easily legible.
4. The deadline for submission of applications is the **November 6, 2015,** by email, to the address above.

Please Note: World Learning will carefully match you with potential universities based on your professional interests, the university’s professional certificate programs and areas of specialization/concentration, your academic record, TOEFL score, and other factors.

**TRAnSFORMATIONAL LEADERSHIP PROGRAM – Scholarships and Partnerships**

**Application Form for Professional Certificates**

**I. BIODATA**

***(*Please *read instructions carefully. All sections should be completed in English.)***

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| --- | --- | --- | --- | --- |
| 1. NAME OF APPLICANT AS SHOWN ON YOUR PASSPORT / IDENTITY CARD | | | | |
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| 2. NAME ON PREVIOUS ACADEMIC RECORDS: *(If different from above)* |  |

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| --- | --- | --- | --- | --- |
| 3. DATE OF BIRTH: *(Day-Month-Year)* | 4. GENDER:  Male  Female | | 5. PHONE: |  |
| 6. E-MAIL: |  |
| 7. BIRTHPLACE: *(City, State/Province, Country)* | | 8. COUNTRY OF RESIDENCE: | | |
| 9. PERSONAL NUMBER: | | 10. PASSPORT NUMBER: | | |
| 11. MARITAL STATUS: *(Single, Married, Divorced, Separated, Widow, Widower, etc.)* | | 12. LIST COUNTRY NAMES OF ALL PASSPORTS HELD: | | |
| 13. ETHNICITY | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 14.PERMANENT ADDRESS | STREET | |  | | | | |
|  | CITY |  | | | STATE/PROVINCE | |  |
|  | POSTALCODE | | |  | COUNTRY |  | |

|  |  |  |  |  |  |  |  |
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| 15.CURRENT ADDRESS  IF DIFFERENT FROM THE PERMANENT ADDRESS) | STREET | |  | | | | |
|  | CITY |  | | | STATE/PROVINCE | |  |
|  | POSTALCODE | | |  | COUNTRY |  | |

16.

|  |  |
| --- | --- |
| PLEASE PROVIDE THE NAME, ADDRESS, EMAIL, AND TELEPHONE NUMBER OF INDIVIDUALS TO BE NOTIFIED IN CASE OF AN EMERGENCY: | |
| IN YOUR HOME COUNTRY | IN THE US., IF ANY |
|  |  |

**II. STUDY PLANS**

17. Please choose which area of study you are applying for **and** specify the certificate programs of interest. applicants may suggest specific certificate programs of interest by name if they are aware of such programs. However, TLP-SP may choose not to apply to candidates’ suggested certificate programs if those programs do not meet the overall programmatic and administrative criteria of TLP-SP.  (PLEASE SEE the link for ILLUSTRATIVE PROFESSIONAL CERTIFICATE PROGRAM: <http://usaid-tlp-sp.org/En/resources/75/illustrative-certificate-programs-in-the-us/>)

RULE OF LAW Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PUBLIC ADMINISTRATION Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGRICULTURE Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance/ Accounting Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENGINEERING / it Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER AND   
INTERDISCIPLINARY STUDIES Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. EDUCATION**

18*.* List educational institutions attended in reverse chronological order, including any in which you may be presently enrolled:

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| --- | --- | --- | --- | --- | --- | --- |
| INSTITUTION AND LOCATION (List in reverse order) | MAJOR FIELD OF STUDY | DATES (Month and Year) From To | | ACTUAL NAME OF DEGREE OR DIPLOMA IN ENGLISH | DATE RECEIVED OR EXPECTED | FINAL GPA |
|  |  |  |  |  |  |  |
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19.LIST SCHOLARSHIPS OR FELLOWSHIPS HELD AT PRESENT OR IN THE PAST: *(Give source or sponsor, amount, where held, and duration.)* Limit your response to the space provided.

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20. LIST PROFESSIONAL SOCIETIES, VOLUNTEER ORGANIZATIONS, OR OTHER PUBLIC ORGANIZATIONS IN WHICH YOU NOW HOLD MEMBERSHIP OR IN WHICH YOU HAVE BEEN ACTIVE IN THE PAST: *(Indicate if you have held a leadership position.)*

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21. Significant Academic and/or Professional Awards and other Accomplishments

A). Activity and Description:

Dates of Activity (MM/YY - MM/YY):

B). Activity and Description:

Dates of Activity (MM/YY - MM/YY):

22. (*OPTIONAL*) ***TLP-SP encourages inclusion of underrepresented or disadvantaged groups including, but not limited to, women, ethnic minorities, LGBT Persons, candidates coming from rural area, and Persons with Disabilities. If you feel that you belong to any of the*** above mentioned underserved groups, please list that in the following box. The data gathered will remain confidential and will be used only to ensure appropriate placement.

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23. IF YOU ARE A PERSON WITH A PHYSICAL OR COGNITIVE DISABILITY, PLEASE DESCRIBE ANY ACCOMMODATIONS YOU MAY NEED TO HAVE A SUCCESSFUL EXPERIENCE STUDYING IN THE U.S.: *(This information is gathered for statistical purposes and to ensure appropriate placement.*

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***CONTINUE TO NEXT PAGE***

**IV. ESSAYS**

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| CONTINUE TO NEXT PPAGE |  |  |  |
| 24. STATEMENT OF PURPOSE  Explain what you want to study in the U.S., why participation in this program is important to you, and how it will advance your career and life. (Your essay must be between 800 and 1000 words.) | | | |

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| 25.FUTURE PLANS AND LEADERSHIP  The purpose of the Transformational Leadership Program – Scholarships and Partnerships is to develop a cadre of leaders to drive significant change in Kosovo in priority economic, political, and social development areas. If you are selected for participation, how do you expect to use what you learn to the benefit of Kosovo? |

**V. LANGUAGE**

26. KNOWLEDGE OF LANGUAGES: *(Rate yourself Fluent, Very Good, Good, or Fair. Include all languages in which you have some competence.)*

|  |  |
| --- | --- |
| Mother Tongue |  |

|  |  |  |  |
| --- | --- | --- | --- |
| LANGUAGE | READING | WRITING | SPEAKING |
| English |  |  |  |
|  |  |  |  |
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27. Please fill out this section, only if you have taken the TOEFL Test in last two years, GMAT in last five years and GRE in last five years. This is not mandatory, only if results are available.

|  |  |  |
| --- | --- | --- |
| TOEFL TEST RESULTS (if available) | GRE TEST RESULTS (if available) | GMAT TEST RESULTS (if available) |
| Reading: | Verbal: | Analytical: |
| Listening: | Quantitative: | Integrated Reasoning: |
| Speaking: | Analytical: | Quantitative: |
| Writing: |  | Verbal |

**VI. EXPERIENCE**

28. OCCUPATIONAL EXPERIENCE: (*List* *positions held, beginning with the most recent employment.)*

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| --- | --- | --- | --- |
| NAME AND ADDRESS OF EMPLOYER | TITLE/TYPE OF WORK | DATES (Month and year)  From To | |
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29. INTERNATIONAL EXPERIENCE: If you have travelled, lived, or studied in any country other than your own for more than six weeks, indicate places, dates, and purpose:

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**VII. ELIGIBILITY**

The Transformational Leadership Program – Scholarships and Partnerships does not discriminate on the basis of race, color, sex, sexual orientation, religion, national and ethnic origin, or disability. WOMEN, ETHNIC MINORITIES AND PERSONS WITH DISABILITY ARE STRONGLY ENCOURAGED TO APPLY. Competition for the TLP-SP is merit-based and open to anyone who meets the following requirements.

Verify your eligibility by checking each box to indicate that YOU ARE:

* + A Kosovo citizen.
  + A Kosovo resident.
  + If you are currently outside Kosovo, only temporarily absent, and intend to return to Kosovo.
  + Able to begin the Professional Certificate Program in the United States in the summer or fall of 2016.
  + Willing to take the TOEFL.
  + Able to receive and maintain a U.S. J-1 visa.

Willing and able to be physically present in Kosovo throughout the application, selection, and pre-departure preparation process.

Verify your eligibility by checking each box to indicate that YOU HAVE:

* An undergraduate degree from an accredited university with at least a 7.5 GPA (2.5 on a 4.0 scale).
* English language skills sufficient to pursue Professional Certificate Program in the US.
* The ability to demonstrate professional aptitude and leadership potential in the selected field of specialization and to contribute to the future development of Kosovo.
* A commitment to return to Kosovo after completion of the program.

Verify your eligibility by checking each box to indicate that YOU ARE NOT:

* A permanent resident of the US residing in the US, or a Green Card holder.
* An employee of USAID or US Government, or an immediate family member (i.e. spouse or a child) of an employee of USAID or USG.
* An employee or immediate family member (i.e. spouse or a child) of a USAID contractor, sub-contractor, grantee, or sub-grantee if the contract, sub-contract, grant, or sub-grant was competitively awarded.

**SCHOLARSHIP PROVISIONS**

30. The Transformational Leadership Program - Scholarship and Partnerships:

* **Will not** authorize funding for dependents to travel and **will not** facilitate dependents’ travel. TLP-SP defines a dependent as the spouse or child of a TLP-SP participant.
* Does not provide the option to choose where applications are submitted on behalf of candidates.

*Sign here to indicate that you have read and understood all of the above eligibility requirements and scholarship provisions. Evidence of dishonesty or withholding of relevant information in the application or dealings with program representatives at any time will result in dismissal from the program.*

Signature Date



**VIII. APPLICATION – SUPPLEMENTAL DOCUMENTS CHECKLIST**

31. I have included the following documents to support my application and understand that if any of these documents are not included with my application, it will be incomplete and will not be considered:

* Copy of valid Kosovo passport or ID.
* Copy of all university diplomas received (Bachelor’s and Master’s) (copy of original diplomas). If the original is not in English, translation to English language by authorized translator also included.
* Copy of official transcripts and GPA scores (copy of original transcripts). If the original is not in English, translation to English language by authorized translator must be also included. If your GPA is in another scale, you need to provide a certified conversion of your GPA in a US 4.0 Scale or a Kosovo scale.
* Curriculum Vitae (CV)/resume in the English language.
* Essay in Word Format.
* Three references letters (two academic and one professional) in English language. If the original is not in English, translation to the English language by an authorized translator must also be included.

**IX. AUTHORIZATION FOR RELEASE OF INFORMATION**

32. PLEASE SIGN BELOW THAT YOU AUTHORIZE WORLD LEARNING AND TLP-SP PARTNERS (USAID AND GOVERNMENT OF KOSOVO):

(a) TO RECEIVE, AND/OR TO REQUEST YOUR STANDARDIZED TESTS OR ANY OTHER TEST SCORE REPORTS TO BE SENT TO ACADEMIC INSTITUTIONS ON YOUR BEHALF.

(b) TO RELEASE INFORMATION DISCLOSED IN THIS FORM TO THIRD PARTIES.

(c) TO RECEIVE INFORMATION ON THE STATUS OF YOUR APPLICATION, INCLUDING FINAL DECISIONS, FROM ACADEMIC INSTITUTIONS.

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| **SIGNATURE OF APPLICANT:** |  | **DATE:** |  |

*Do not type your name. Sign your name*. *Day / Month / Year*

**X. APPLICANT’S CONFIRMATION OF AUTHENTICITY**

33.

BY MY SIGNATURE, I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN MY APPLICATION FORM IS ACCURATE AND COMPLETE.

MY SIGNATURE ALSO CERTIFIES THAT MY ESSAYS IN THIS APPLICATION ARE ENTIRELY MY OWN ORIGINAL WORK.

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE OF APPLICANT:** |  | **DATE:** |  |

*Do not type your name. Sign your name*. *Day / Month / Year*

***The deadline for submission is November 6, 2015.***

***Please send your Application Form and other related documents in PDF format by email to***

[***apply@usaid-tlp-sp.org***](mailto:apply@usaid-tlp-sp.org)

***Late or incomplete applications will not be accepted.***