



2018 NONPROFIT MANAGEMENT SCHOLARSHIP (NMS) PROGRAM FOR CUBAN CITIZENS APPLICATION

New Application Deadline: 5pm Havana

December 5, 2017

In order for your application to be complete, you must submit the following by the application deadline:

- Completed application form, including signed Privacy Policy Statement
- Two completed and signed reference forms
- Copy of Passport (if available)
- Copies of TOEFL, IELTS and/or GRE score reports (if available and applicant has previously taken the exams)

Before you begin this application, please read the accompanying Application Instructions to learn about the NMS program, timeline and selection criteria.



2018 Nonprofit Management Scholarship (NMS) Participant Application

A. General Applicant Information

1. **Name** *(As written on official documents)*

(Family Name)

(First Name)

(Middle Name)

2. **Are you a legal citizen of Cuba?**

☐ Yes

☐ No

3. **Are you a legal resident of Cuba?**

☐ Yes

☐ No

4. **Place of Birth** _____

(City or Town)

(Country)

5. **Date of Birth** _____

(Month)

(Day)

(Year)

6. **Gender**

☐ Male

☐ Female

☐ Non-Conforming

7. **Marital Status**

☐ Single

☐ Married

Citizenship(s) of spouse *(if applicable)* _____

8. **Which category best describes your race? (optional question)** _____

B. Contact Information

9. **Current Contact Information**

Street/Building Number _____

Apartment _____

City _____

Postal Code _____

Region _____

Country _____

Telephone _____

Mobile Phone _____

Email _____

10. Permanent Home Address *(If Different from Current)*

Street/Building Number _____ Apartment _____

City _____ Postal Code _____

Region _____ Country _____

Telephone _____

11. Current Academic Institution *(If Applicable)*

Current Academic Institution _____

Department/Position _____

Street _____

City _____ Postal Code _____

Country _____ Telephone _____

Dean or Academic Advisor _____

Dean or Advisor Telephone _____

12. Work Address *(If Applicable)*

Name of Business _____

Title/Position _____

Street _____

City _____ Postal Code _____

Country _____ Telephone _____

Supervisor Name _____

Supervisor Telephone _____

Type of Employment:

☐ Government ☐ Academic Institution ☐ Local Organization/Business

☐ International Organization/Business ☐ Other _____

C. Educational Background

13. Educational Background. In the table below, please list all universities, institutes, and special academic programs you have attended or are currently attending, with the most recent listed first. **Provide the names of educational institutions in Spanish.** Do not use American equivalents unless you hold a degree from a U.S. academic institution.

Example

Institution and City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received or Expected
<i>University of Havana, Havana</i>	<i>Department of Business Management</i>	<i>August 2010 – May 2014</i>	<i>Titulo</i>	<i>May 2014</i>

Institution and City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received or Expected

14. English Language

Please provide an accurate assessment of your English language proficiency, using an X to mark your proficiency level for each category. Proficiency in written and spoken English is required for this program.

	Reading	Writing	Speaking	Listening Comprehension
Native/ Bi-lingual				
Advanced				
Intermediate				
Basic				
Poor				

15. English Language Training. Please list any formal English language training you have had.

Training Program Name	Institution/Organization	Training Location	Dates (Month-Year)	Certification Earned

16. Testing. If you have not taken the Test of English as a Foreign Language (TOEFL), International English Language Testing System (IELTS), or the Graduate Records Examination (GRE), and are selected as a semifinalist, you may be required to take the TOEFL and GRE exams. *The cost of these examinations will be covered by the NMS program.*

If you have previously taken any of the above-mentioned examinations, please give your score and the date and place where you took the examination. Attach a copy of your score report to the application if available. If selected, you may be required to submit official test results via the Educational Testing Service (ETS) directly to the programming agency.

☐ I have not taken the TOEFL, GRE, or IELTS examinations.

TOEFL Score_____ Date (MM-DD-YYYY)_____ Location_____

GRE Score_____ Date (MM-DD-YYYY)_____ Location_____

IELTS Score_____ Date (MM-DD-YYYY)_____ Location_____

D. Professional Background and Resume

In this section you will provide information about your past education, work experience, volunteer experience, and any awards you have earned. You do not need to submit a separate resume document at this time.

17. Professional Summary. Please write a 4-5 sentence summary on your current work, both professionally and in your community (if applicable), and your long term goals and aspirations. Please limit your response to 100 words.

18. Professional Experience. Please provide information about your current and up to two (2) former professional positions. These positions can include working for an established institution or self-employment or running an institution you founded. This can also be a volunteer or unpaid position if that is your primary occupation.

☐ I have never had any professional experience.

Position 1 (most recent)

Business/Organization_____ Title_____

Location_____ Dates Employed_____

City, Country

(month, year to month, year or "present")

Description_____

Position 2

Business/Organization_____ Title_____

Location_____ Dates Employed_____

City, Country

(month, year – month, year)

Description_____

2018 Nonprofit Management Scholarship Program
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Applications are free of charge and may be duplicated.

Position 3

Business/Organization _____ Title _____

Location _____ Dates Employed _____
City, Country (month, year – month, year)

Description _____

19. Other Professional Training. Please provide information about professional training you have received outside of an established educational institution, such as a professional certification. You may add up to three (3) certifications and/or training courses.

☐ **I have never had any professional training.**

Certification/Training 1

Type of Training/Name of Certification _____

Location _____ Dates Attended _____
City, Country (month, year – month, year)

Description _____

Certification/Training 2

Type of Training/Name of Certification _____

Location _____ Dates Attended _____
City, Country (month, year – month, year)

Description _____

Certification/Training 3

Type of Training/Name of Certification _____

Location _____ Dates Attended _____
City, Country (month, year – month, year)

Description _____

20. Community and Volunteer Work. Please provide information about unpaid work you do outside your professional endeavors in your community, such as volunteering with a local charity, tutoring children, etc. You can add up to 3 volunteer positions.

☐ **I do not do any community or volunteer work.**

Volunteer Position 1

Organization _____

Location _____ Dates Involved _____
City, Country (month, year – month, year)

Description _____

Volunteer Position 2

Organization_____

Location_____ Dates Involved_____
City, Country (month, year – month, year)

Description_____

Volunteer Position 3

Organization_____

Location_____ Dates Involved_____
City, Country (month, year – month, year)

Description_____

21. Honors and Awards. Please provide information about awards and honors you have received, such as employee of the year, international or national competitions, etc. We recommend including professional or university-level honors and awards only. You can add up to 3 honors and awards.

☐ **I have not received any honors or awards.**

Honor/Award 1

Title of Honor/Award_____ Date Received_____

Organization/Institution from which the award was received_____

Description_____

Honor/Award 2

Title of Honor/Award_____ Date Received_____

Organization/Institution from which the award was received_____

Description_____

Honor/Award 3

Title of Honor/Award_____ Date Received_____

Organization/Institution from which the award was received_____

Description_____

22. Professional Skills. Please insert information about your professional skills, including languages and computer or software proficiency.

Languages. For proficiency in languages **other than Spanish or English**, please indicate: 1) Native speaker, 2) Full proficiency, 3) Intermediate proficiency, or 4) Limited proficiency.

Language 1_____ Proficiency_____

Language 2_____ Proficiency_____

Language 3_____ Proficiency_____

Computer and Software Proficiency. For proficiency, please indicate: 1) Advanced proficiency, 2) Intermediate proficiency, 3) Limited proficiency, or 4) Theoretical or working knowledge.

Computer/Software Skill 1_____ Proficiency_____

Computer/Software Skill 2_____ Proficiency_____

Computer/Software Skill 3_____ Proficiency_____

E. Program Information

23. What topics within Nonprofit Management are you most interested in?

Please select 2- 3 topics only.

- | | |
|--|--|
| <input type="checkbox"/> Arts Management | <input type="checkbox"/> Child, Youth, & Family Services |
| <input type="checkbox"/> Education & Social Services | <input type="checkbox"/> Environmental Sustainability |
| <input type="checkbox"/> Financial Management & Public Finance | <input type="checkbox"/> Fundraising & Grant Making |
| <input type="checkbox"/> Human Resources & Organizational Behavior | <input type="checkbox"/> Impact Management |
| <input type="checkbox"/> International Development | <input type="checkbox"/> International Policy & Management |
| <input type="checkbox"/> Marketing & Development | <input type="checkbox"/> Performance Management & Operations |
| <input type="checkbox"/> Planning & Community Development | <input type="checkbox"/> Public Health Administration |
| <input type="checkbox"/> Public Policy & Management | <input type="checkbox"/> Public Relations & Advocacy |
| <input type="checkbox"/> Social & Nonprofit Entrepreneurship | <input type="checkbox"/> Social Policy & Management |
| <input type="checkbox"/> Strategy & Organizations | <input type="checkbox"/> Sustainable Development |
| <input type="checkbox"/> Other (please specify)_____ | |

24. How did you first learn about this program?_____

25. Have you previously traveled to the United States?

- ☐ Yes ☐ No

If yes, please complete the following:

Location in the U.S. (city, state)_____

Duration of stay in the United States (month-day-year to month-day-year)_____

Reason for travel_____

Type of visa_____

26. If you answered **no** in question 25, have you ever applied for a visa to travel to the United States?

- ☐ Yes ☐ No

27. Relatives in the United States. Please list all of your family members who are currently living in the United States and their contact information. If you do not have complete contact information, please fill in as much as you have. Relatives include parents, grandparents, siblings, aunts, uncles, cousins, nieces, nephews, and children. Attach additional pages as necessary.

Relative 1:

Full Name _____ Relation to You _____
Street/Building Number _____ Apartment _____
City _____ State _____ Postal Code _____
Telephone _____ Email _____

Relative 2:

Full Name _____ Relation to You _____
Street/Building Number _____ Apartment _____
City _____ State _____ Postal Code _____
Telephone _____ Email _____

Relative 3:

Full Name _____ Relation to You _____
Street/Building Number _____ Apartment _____
City _____ State _____ Postal Code _____
Telephone _____ Email _____

Relative 4:

Full Name _____ Relation to You _____
Street/Building Number _____ Apartment _____
City _____ State _____ Postal Code _____
Telephone _____ Email _____

Relative 5:

Full Name _____ Relation to You _____
Street/Building Number _____ Apartment _____
City _____ State _____ Postal Code _____
Telephone _____ Email _____

28. Please check the box below if you have the following disabilities (answering this is optional, and your response will not be a factor in the assessment of your application)

- | | | |
|--|--|--|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Visual Impairment (Legally Blind) |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Learning Disorder | <input type="checkbox"/> Other (<i>Specify</i>)_____ |

F. Applicant Consents

29. I acknowledge that this program is funded by the United States Government (Economic Support Funds) and if chosen to participate, I agree to all risks and liabilities that this entails.

- ☐ Yes ☐ No

30. I agree that all of the information in this application is true and I agree that if chosen to participate, I will participate in ALL required application requirements.

- ☐ Yes ☐ No

31. I agree that if selected for the program I will participate in ALL program activities in the United States and in Cuba.

- ☐ Yes ☐ No

32. I agree that if selected for the program I will remain with the program throughout the entire stay in the United States.

- ☐ Yes ☐ No

33. I agree that if selected for the program I will return to Cuba upon completion of the program.

- ☐ Yes ☐ No

Signature of Applicant

Date

G. Short Answer Questions

The NMS Program selects qualified and dedicated individuals who have demonstrated their commitment to civil society, community or non-governmental organizations. Please answer the following short essay questions **in detail and with examples** to help us in reviewing your application.

Each response should be typewritten and address the question in 100 – 250 words. Questions #34 and #35 should be answered in **English** and questions #36 and #37 should be answered in **Spanish**.

34. Where do you see yourself professionally in 10 years? How will the NMS Program help you meet your goals? (In English)

35. Please explain how you have helped to introduce a new idea or initiative and how you attracted support for it. How does this relate to your interest in nonprofit management? (In English)

36. ¿Qué considera usted un reto específico en su comunidad o profesión a que está trabajando de abordar? Describa cualquier retos y las habilidades y los recursos que está utilizando para hallar una solución de largo plazo. (Responde en español.)

37. ¿Considerando el mismo reto de la pregunta anterior, cómo sientes su participación en este programa le ayudaría efectivamente en abordar este problema? (Responde en español.)

H. IREX Privacy Policy Statement and Application Certification

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 internship opportunities;
- 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;
- E. Used for notifying program participants/alumni of upcoming events and programs; and
- F. Provided to participants/alumni of this and other programs for the purpose of fostering alumni networking.

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

The principles stated herein are binding only to IREX; other organizations involved in the administration of these programs may adhere to other privacy or similar policies. IREX will make every effort to ensure that other organizations protect the privacy of participants.

I certify that I completed this application myself, without assistance, that the information given in this application is complete and accurate and that I further certify that I fulfill all of the eligibility requirements as stated in the application instructions. 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 Nonprofit Management Scholarship Program.

Signature of Applicant

Date

**Programa de becas para estudios de administración sin fines
de lucro 2018 destinado a ciudadanos cubanos
Formulario de recomendación n.º 1**

Instrucciones: Este formulario de recomendación debe ser completado por un supervisor a cargo, un profesor o decano o un líder comunitario que conozca bien al solicitante y esté familiarizado con la trayectoria académica o laboral profesional del solicitante. **Los familiares y amigos del solicitante no pueden completar este formulario de recomendación.** Este formulario debe completarse a máquina, en lo posible. Todas las recomendaciones deben estar firmadas al pie. **Devuelva el formulario de recomendación firmado al solicitante** para que pueda presentarse junto con la solicitud completa. **NO** envíe los formularios de recomendación directamente a IREX.

A. Información General (debe ser completado por el solicitante).

Nombre del solicitante _____

Nombre del evaluador _____ Cargo del evaluador _____

Institución donde trabaja el evaluador _____

Dirección laboral del evaluador _____

Teléfono laboral del evaluador _____ Correo electrónico _____

Teléfono móvil del evaluador _____

B. Evaluación (debe ser completado por el evaluador).

1. ¿Cuánto tiempo hace que conoce al solicitante? _____
2. ¿En qué calidad conoce al solicitante? Marque todas las respuestas que correspondan.
- ☐ Maestro o profesor ☐ Empleador o supervisor en el trabajo
- ☐ Otra opción (especificar) _____
3. Compare al solicitante con otras personas que haya conocido en su campo profesional en términos de las siguientes características:

	Excelente	Bueno	Regular	Malo	No se lo puede juzgar
Iniciativa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolución creativa de problemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibilidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacidad analítica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habilidades de comunicación	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Elija una de las siguientes opciones:

☐ Lo recomendaría totalmente ☐ Lo recomendaría ☐ No lo recomendaría

Escriba algunas afirmaciones breves para proporcionar una evaluación franca de las experiencias académicas y profesionales pasadas del solicitante. Sus afirmaciones serán cuidadosamente analizadas por los comités de selección que revisarán esta solicitud. Por lo tanto, sus comentarios deben ser tan completos y detallados como sea posible. Responda las siguientes preguntas en el espacio proporcionado o en una hoja aparte.

- Por la presente confirmo que las respuestas contenidas en este formulario son propias y representan mi opinión profesional del solicitante.

Fecha

**Programa de becas para estudios de administración sin fines
de lucro 2018 destinado a ciudadanos cubanos
Formulario de recomendación n.º 2**

Instrucciones: Este formulario de recomendación debe ser completado por un supervisor a cargo, un profesor o decano o un líder comunitario que conozca bien al solicitante y esté familiarizado con la trayectoria académica o laboral profesional del solicitante. **Los familiares y amigos del solicitante no pueden completar este formulario de recomendación.** Este formulario debe completarse a máquina, en lo posible. Todas las recomendaciones deben estar firmadas al pie. **Devuelva el formulario de recomendación firmado al solicitante** para que pueda presentarse junto con la solicitud completa. **NO** envíe los formularios de recomendación directamente a IREX.

A. Información General (debe ser completado por el solicitante).

Nombre del solicitante _____

Nombre del evaluador _____ Cargo del evaluador _____

Institución donde trabaja el evaluador _____

Dirección laboral del evaluador _____

Teléfono laboral del evaluador _____ Correo electrónico _____

Teléfono móvil del evaluador _____

B. Evaluación (debe ser completado por el evaluador).

1. ¿Cuánto tiempo hace que conoce al solicitante? _____

2. ¿En qué calidad conoce al solicitante? Marque todas las respuestas que correspondan.

- ☐ Maestro o profesor ☐ Empleador o supervisor en el trabajo
☐ Otra opción (especificar) _____

3. Compare al solicitante con otras personas que haya conocido en su campo profesional en términos de las siguientes características:

	Excelente	Bueno	Regular	Malo	No se lo puede juzgar
Iniciativa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolución creativa de problemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibilidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacidad analítica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habilidades de comunicación	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Elija una de las siguientes opciones:

- ☐ Lo recomendaría totalmente ☐ Lo recomendaría ☐ No lo recomendaría

Escriba algunas afirmaciones breves para proporcionar una evaluación franca de las experiencias académicas y profesionales pasadas del solicitante. Sus afirmaciones serán cuidadosamente analizadas por los comités de selección que revisarán esta solicitud. Por lo tanto, sus comentarios deben ser tan completos y detallados como sea posible. Responda las siguientes preguntas en el espacio proporcionado o en una hoja aparte.

- Por la presente confirmo que las respuestas contenidas en este formulario son propias y representan mi opinión profesional del solicitante.

Fecha