Thomas Jefferson Scholarship Program's
2017-2018 Tunisia Community College Scholarship Program
Participant Application

Part I: Personal Information

1. Name (as written on official documents) ____________________________
   (Surname) (First Name) (Middle Name)

2. Country of Citizenship __________________________ Country of Legal Residence __________________________

3. Place of Birth __________________________ (City or Town) __________________________ (Country)

4. Date of Birth __________________________ (Month) __________________________ (Day) __________________________ (Year)

5. Gender: □ Male □ Female

6. Marital Status: □ Single □ Married
   7. If Married, Citizenship(s) of Spouse: __________________________

7. Current Address
   Address Type: □ Permanent Residence □ Dormitory □ Temporary Residence (Other Than Dormitory)
   Street Address __________________________________________________________
   Apartment Number __________________________ City __________________________
   Governorate __________________________ Postal Index __________________________
   Home Telephone __________________________ Mobile Phone __________________________
   Fax __________________________ Email Address __________________________

8. Permanent Home Address (if different than above)
   Street Address __________________________________________________________
   Apartment Number __________________________ City __________________________
   Governorate __________________________ Postal Index __________________________

9. Work Address (if applicable)
   Name of Institution __________________________________________________________
   Name of Department __________________________________________________________
   Street Address __________________________________________________________
   Apartment/Office Number __________________________ City __________________________
   Governorate __________________________ Postal Index __________________________

Apply online at: http://www.irex.org/project/tccsp
Application Deadline: Wednesday, November 30, 2016 at 5:00 pm

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This program is funded by the U.S. Department of State and administered by IREX.
10. Do you have a passport? □ Yes □ No
If yes, what is the expiration date (mm-dd-yyyy)?  

11. Previous Visa Information
a. Have you previously traveled on a U.S. Government-sponsored or other U.S. exchange program? □ Yes □ No
If yes, please complete the following:

Program Name __________________________________________ Year(s) ______________________
Location in the U.S. (City) __________________________ (State) ______________________

b. Have you ever received a J-1 visa? □ Yes □ No
If yes, list the dates showing exact duration of stay in the United States on a J-1 visa (mm/dd/yyyy to mm/dd/yyyy).

c. Have you ever received an F-1 visa? □ Yes □ No
If yes, list the dates showing exact duration of stay in the United States on an F-1 visa (mm/dd/yyyy to mm/dd/yyyy).

d. Have you ever been in the United States for any other reason? □ Yes □ No
If yes, list the dates showing exact duration of stay in the United States (mm/dd/yyyy to mm/dd/yyyy) and the reason for travel.

e. Have you ever traveled or lived in any country other than the U.S. or Tunisia? □ Yes □ No
If yes, list the places, approximate dates of stay (mm/dd/yyyy to mm/dd/yyyy), and reason for travel.

f. Have you or your family applied for U.S. permanent residency in the past three years? □ Yes □ No
If yes, please provide the date of application: _____________________________

g. What was your primary city of residence in the last 10 years? (i.e. where your parents live) _____________________
h. What is the approximate population of that city? ______________________________________________________
i. In which governorate is that city located? (circle one)
   Ariana  Béja  Ben Arous  Bizerte  Gabès  Gafsa  Jendouba  Kairouan  Kasserine  Kebili  Kef  Mahdia  Manouba  Medenine  Monastir  Nabeul  Sfax  Sidi Bouzid  Siliana  Sousse  Sfax  Tataouine  Tozeur  Tunis  Zaghouan

j. What is the education level of your father?*
   □ Primary/Middle School (1-9 years) □ Secondary School (10-13 years) □ University Degree □ Masters or Higher

k. What is the education level of your mother?*
   □ Primary/Middle School (1-9 years) □ Secondary School (10-13 years) □ University Degree □ Masters or Higher

*The responses to these questions will neither disqualify an application nor guarantee selection.

12. Are you applying to any other sponsored education exchange program for the 2016-2017 academic year?
□ Yes □ No
If yes, list the program name(s): ________________________________________________
Name of Sponsoring Organization(s): ____________________________________________

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Part II: Background Information

Native Language Contact Information: Please enter the name of your native language in English and complete the rest of the questions in this section in your native language. During the selection process, it may be necessary for one of our offices to contact you.

My native language is:_____________________________________________________________________

Family Name:_________________________ First Name:_________________________ Middle Name:_________________________

Street Address:__________________________________________ Apartment Number:________________________

City__________________________________________Governorate:_________________________Postal Index:________________

Please provide the following information in English:

Current Academic Institution

Name of Institution:_____________________________________________________________________

Department:_________________________________________________________________________

Dean or Academic Advisor Name:_____________________________________________________________________

Dean or Academic Advisor Telephone:_____________________________________________________________________

Emergency Contact Person

Name:_________________________ Relationship:_________________________

Emergency Contact Address:_____________________________________________________________________

Emergency Contact Phone:_________________________ Emergency Contact Fax:_________________________

Emergency Contact Email:_____________________________________________________________________

English Language Testing: If you have not taken the Test of English as a Foreign Language (TOEFL) and are selected as a semi-finalist, you may be required to take the TOEFL. The cost will be covered by the program.

☐ I have not taken the TOEFL or an equivalent exam.

If you have previously taken the TOEFL exam, provide your score information below and attach a copy of the score report if available.

TOEFL Score:_________________________ Date (mm-dd-yyyy):_________________________ Location:_________________________

Knowledge of Languages: Rate Yourself Excellent, Good, Fair, or Poor. Include the languages that you speak or have studied, including English. Also list your primary native language.

<table>
<thead>
<tr>
<th>Language</th>
<th>Reading</th>
<th>Writing</th>
<th>Speaking</th>
<th>Listening</th>
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<tbody>
<tr>
<td>(EXAMPLE) German</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Good</td>
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</table>

Have you ever participated in an English language learning program (ACCESS, British Councils, etc)?

☐ Yes  ☐ No  If yes, please provide program name, location, and dates:________________________

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Education:
1. What is the highest educational degree you have completed? __________________________

2. Are you currently a student at an ISET (Institute Supérieur des Etudes Technologiques), IHET School of Tourism (Institut des Hautes Etudes Touristiques), or ISSAT (Institut Supérieur des Sciences Appliquées et de Technologie)? □ Yes □ No
   a) If yes, indicate which type of institution: □ ISET □ IHET □ ISSAT
   b) If yes, what is the name of your institution? __________________________
   c) If yes, in what city is your institution? __________________________
   d) If yes, what is your present course year: □ First □ Second □ Third
   e) If yes, what is your expected graduation date? (mm/yyyy) __________________________

3. What is your current specialization/major in your home institution? __________________________

4. Current Academic Institution Address
   Name of Institution ________________________________________________________________
   Name of Department ______________________________________________________________
   Street Address _________________________________________________________________
   Apartment/Office Number ___________________________ City ___________________________
   Governorate ___________________________ Postal Index ___________________________

5. List of Educational Institutions Attended Include your higher education institution(s) and your secondary institution(s).

<table>
<thead>
<tr>
<th>Institution Name and Location</th>
<th>Field of Study</th>
<th>Dates of Attendance</th>
<th>Type of Degree</th>
<th>Date of Receipt</th>
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<tbody>
<tr>
<td>EXAMPLE: ISET Tunis</td>
<td>Agriculture Technology</td>
<td>Sept 2014 – present</td>
<td>Licence</td>
<td>Expected May 2017</td>
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6. Proposed Field of Study in the U.S. (check only one) If selected as a finalist, you may not change your field of study. See Application Instructions for sample definitions of the fields of study.
   □ Applied Technology
   □ Business Management & Administration
   □ Information Technology
   □ Tourism & Hospitality Management

Within this field of study, please share any specializations or focus areas that most interest you:

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7. **Institute Courses** List the higher education courses you have taken and are currently taking. If selected as a semifinalist, you will be asked for translated and certified copies of course transcripts of any institution(s) you are currently attending and from which you received a diploma or degree. Additional space is provided at the end of the application. If you are a first-year student at a technical institute, include courses from your last year at secondary school.

Describe the grading system used (example: "5"= excellent to "1"=failing, "A"= excellent to "F"= failing): ________________

<table>
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<tr>
<th>Academic Years</th>
<th>Subject/Course Title</th>
<th>Grade</th>
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8. **Extra-Curricular Activities** List and describe all volunteer positions and responsibilities, awards, and leadership positions you have held in the last four years (continue on additional sheets of paper, if necessary).
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2017 – 2018 Tunisia Community College Scholarship Program

Name: ____________________
Home City: ____________________
Date of Birth: ____________________

Work Experience:
List the past four jobs you have held. Begin with your current or most recent employment.

<table>
<thead>
<tr>
<th>Name and Address of Employer</th>
<th>Position Held</th>
<th>Dates of Employment</th>
<th>Responsibilities</th>
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Other:
If you have any of the following conditions, you may check the applicable boxes below. Responses to this question are voluntary and used only to inform program administrators about conditions that require reasonable accommodation under U.S. law if you are chosen as a finalist. The Thomas Jefferson Scholarship Program does not discriminate against applicants on the basis of race, color, religion, sex, age, national origin, disability, or any other protected characteristic as established by U.S. law.

☐ Hearing Impairment (deafness)  ☐ Orthopedic Impairment
☐ Visual Impairment (blindness)  ☐ Learning Disorder
☐ Speech Impairment
☐ Other (specify): ______________

How did you first learn about the Tunisia Community College Scholarship Program? Please check only one.

☐ Academic Advisor  ☐ Newspaper
☐ American Corner  ☐ Advertisement
☐ Conference Booth  ☐ Program Alumni
☐ Educational Advising Center  ☐ Radio
☐ Electronic Listserv  ☐ Television
☐ Friend/Colleague  ☐ University faculty/staff
☐ Facebook/Internet  ☐ U.S. Embassy
☐ IREX Presentation  ☐ Other (please specify)

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Part III: Short Answer Questions

Please answer the following short answer questions in English in no more than 250 words. Note: Your responses to the short answer questions must be your own work. If you plagiarize (use someone else’s words and claim them as your own) your application will be disqualified. Attach additional pages if needed.

1. Please describe why you would like to study in the United States. What experiences in your past have prepared you to study in the United States? What do you hope to gain from studying in the United States?

2. Within your field of study, what is your specific area of interest? What, if any, professional experience do you have in this field? Why does this field of study interest you?

3. What skills related to your field of study do you hope to learn in the United States? How do you plan to use these skills in your future profession to contribute to the economic development of Tunisia?

4. What skills do you think are needed to be a leader? How would you use the skills you gain in the United States to be a leader in your profession upon your return to Tunisia?
5. Please describe a time when you had to work with someone from a different background or culture than you. What was different between you and the other person? How did you manage these differences?

6. Please describe a time that you demonstrated your leadership potential. Describe the situation? In what ways did you act as a leader?

7. TCCSP scholars are placed at a wide variety of community colleges in the United States. Some scholars will live in large cities, and others will live in small rural towns. What past experiences would help you adjust to a new environment in the United States?

Please list your additional coursework if you did not have sufficient space in application Part 1.

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<th>Subject/Course Title</th>
<th>Grade (mark/score)</th>
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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, 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 administration 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 Tunisia Community College Scholarship Program (TCCSP).

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 benefits coverage provided to me during my travels is intended only for emergencies and does not cover 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.

Sign below. If you are submitting your application online, by typing your name you are signing this document.

Signature of Applicant  Date