

Program Information	
Home Country/Country Applying from	Peru
Program	Scholar-in-Residence Program
Category of Grant	Lecturer
Special award name (if any)	

Personal Information	
Title	
Surname/Family Name	
First/Given Name	
Gender	
Country of Citizenship	
Country of Permanent Residence	
Do you have or are you applying for U.S. permanent residency (i.e. green card) or are you a U.S. Citizen?	
Date of Birth	
City of Birth	
Country of Birth	
Marital Status	
U.S. Social Security Number(if previously obtained)	

Employment Information	
Current Position	
If you do not find your position title, please select Other and type your title in this box	
Start Date of Current Position	
Department Name	
Institution Name	
	Click here if independent scholar/unaffiliated (please enter your residence address)
ADDRESS	
Street	

City	
State/Province	
Country	
Telephone	
Work E-mail	

Academic Credentials: List up to three completed degrees; enter your highest degree first.

Institute One

Name of Institution	
City	
Country	
Website	
Discipline	
Name of Diploma or Degree	
Date Received	

Institute Two

Name of Institution	
City	
Country	
Website	
Discipline	
Name of Diploma or Degree	
Date Received	

Institute Three

Name of Institution	
City	
Country	
Website	
Discipline	
Name of Diploma or Degree	
Date Received	

<p>Most significant professional accomplishments, honors and awards and up to three significant publications (list maximum of five, separated by semicolons; 700 character limit, use Roman characters only)</p>	
<p>Previous Fulbright Grant(s)</p>	<p>Yes No</p>

<h3>Project Details</h3>	
<p>Project Title</p>	
<p>Brief summary of project statement</p>	

<h3>Intended Grant Period</h3>	
<p>Begin your grant</p>	
<p>End your grant</p>	

<h3>Academic Discipline</h3>	
<p>Major Academic Discipline</p>	
<p>Primary Specialization</p>	
<p>Other Specialization</p>	
<p>Other Specialization</p>	
<p>Other Specialization</p>	

Professional Information

Professional travel and/or residence abroad during the last five years (list most recent first; time abroad exceeding 3 months).

1.

Country

Purpose of Activity

How Long

2.

Country

Purpose of Activity

How Long

3.

Country

Purpose of Activity

How Long

4.

Country

Purpose of Activity

How Long

If you have entered the United States on a J-1 or J-2 visa, please list the J category of sponsorship (professor, research, scholar, student, specialist, short-term scholar, etc.) and provide copies of your previous DS-2019 on the appropriate attachment page.

Professional Memberships (cultural, educational and professional organizations)

1.

Organization

Your role

How Long

2.

Organization

Your role

How Long

3.	
Organization	
Your role	
How Long	
4.	
Organization	
Your role	
How Long	

Referee One	
Surname/Family Name	
First/Given Name *	
Institution	
City	
Country	
Telephone	
E-mail	

Referee Two	
Surname/Family Name	
First/Given Name *	
Institution	
City	
Country	
Telephone	
E-mail	

Referee Three	
Surname/Family Name	
First/Given Name *	
Institution	
City	
Country	

Telephone	
E-mail	

English Proficiency	
Is English your native language?	
Self-assessment of English Proficiency	
Reading	
Writing	
Speaking	

Preferred Host Institution(s)	
<p>If you made arrangements for affiliation with a U.S. host institution, provide the following information and attach your letter of invitation in the document upload section later in the application. If you have not made arrangements for affiliation, identify three preferences in order of priority. Be sure to give detailed reasons for each choice, and confirm that these universities offer programs in your field of interest.</p>	
Host Institution One	
Institution Name	
Institution Other	
Professor	
Prefix	
First/Given Name	
Middle Name/Initial	
Surname/Family Name	
Department	
Telephone	
E-mail	
Street	
City	
State	
Zip Code	
Will you be attaching a letter of invitation in the document upload section?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial contact made	
Letter of invitation expected	

Host Institution Two	
Institution Name	
Institution Other	
Professor	
Prefix	
First/Given Name	
Middle Name/Initial	
Surname/Family Name	
Department	
Telephone	
E-mail	
Street	
City	
State	
Zip Code	
Will you be attaching a letter of invitation in the document upload section?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial contact made	
Letter of invitation expected	

Host Institution Three	
Institution Name	
Institution Other	
Professor	
Prefix	
First/Given Name	
Middle Name/Initial	
Surname/Family Name	
Department	
Telephone	
E-mail	
Street	
City	

State	
Zip Code	
Will you be attaching a letter of invitation in the document upload section?	Yes No
Initial contact made	
Letter of invitation expected	

Contact Information: Home Mailing Address

Street	
City	
State/Province	
Country	
Telephone	
Preferred E-mail	

Emergency Contact Information

Family Name/Surname	
First/Given Name	
Middle Name	
Relationship to you	
Street	
City	
State/Province	
Country	
Telephone	
Preferred E-mail	

Accompanying Dependents

Name of Dependents (spouse and any unmarried children under the age of 21) who may accompany you to the United States. List each separately and provide the following information as it appears on their passports. Please attach all accompanying dependents' passports in the document upload section. If your dependent(s) have previously entered the United States on a J-1 or J-2 visa, please include a copy of the DS-2019, which indicates the J-visa category of sponsorship (professor, research, scholar, student, specialist, short-term scholar, etc.).

Dependent One

Family Name/Surname	
First/Given Name	
Middle Name	
Gender	
Relationship to you	
Date of Birth	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Intended length of stay in the US (months)	

Dependent Two

Family Name/Surname	
First/Given Name	
Middle Name	
Gender	
Relationship to you	
Date of Birth	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Intended length of stay in the US (months)	

Dependent Three

Family Name/Surname	
First/Given Name	
Middle Name	
Gender	
Relationship to you	
Date of Birth	
City of Birth	

Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Intended length of stay in the US (months)	
Dependent Four	
Family Name/Surname	
First/Given Name	
Middle Name	
Gender	
Relationship to you	
Date of Birth	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Intended length of stay in the US (months)	

Alternate Funding	
Please list all non-Fulbright funding you expect to receive during your grant (sabbatical funding or other paid leave from your university, personal savings, etc.). Please list funding amounts in U.S. dollars and attach your supporting documentation/financial support statement in the document upload section.	
Do you expect to receive sabbatical pay, paid leave of absence or other sources of financial support during your Fulbright grant?	

Signature	
By my signature below, I certify that to the best of my knowledge, the information provided in all parts of my application is accurate and complete. I understand that final approval of my application is dependent upon my eligibility for a J Visa in the United States. I agree to return to my home country upon the expiration of my authorized stay in the United States.	
Date	
Signature	