

Organization of American States



**FORM FOR THE PRESENTATION OF SCHOLARSHIP PROPOSALS FOR PROFESSIONAL DEVELOPMENT
SCHOLARSHIP PROGRAM**

APPLICATION

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A. INFORMATION ON THE COURSE OR STUDY PROGRAM**1. Please Specify**

a. Indicate which priority area established within the context of the Strategic Plan for Partnership for Integral Development 2006-2009 most reflects the field of study your course addresses

- Culture
- Economic Diversification and Integration, Trade Liberalization, and Market Access
- Education
- Scientific Development and Exchange and Transfer of Technology
- Social Development and the Creation of Productive Employment
- Strengthening of Democratic Institutions
- Sustainability Development of Tourism
- Sustainable Development and the Environment

b. How this course will address that priority area?

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2. Course Name

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3. Course Duration

a. Start Date (mm/dd/yyyy)

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b. End Date (mm/dd/yyyy)

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Duration in days

-

4. Languages

a. Language of instruction of the course. Please mark as many choices as necessary:

Spanish - English - Portuguese - French

If no Listed, please specify:

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b. Simultaneous translation:

YES - NO

If Simultaneous translation, please mark as many choices as necessary:

Spanish - English - Portuguese - French

5. Objectives of the course

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6. Description of course content

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7. Description of teaching methodology

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8. Experience

- a. Years of experience in offering this course

9. Evaluation reports on the results of the course if this course has been offered before

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10. Anticipated benefits and professional impact of the course on the participants and their countries (be as specific as possible)

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11. Course modality*a. Please indicate your preference with respect to the course that you intend to offer:*

On-Campus Studies - Distance Education (via internet) - Both

b. Computer hardware and software requirements (for Distance Education courses only):

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12. Presentation of the course

Workshops - Seminars - Conferences - Video Conference - No Listed

If no Listed, please specify:

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B. PROFILE OF THE COURSE PARTICIPANTS**1. Academic Background**

<i>Degree</i>	<i>Specialization</i>
-	-

2. Participant's type and length of experience in the field of study

<i>Type of Experience</i>	<i>Years</i>
-	-
-	-

3. Current job position and years of related work experience

<i>Job Position</i>	<i>Years</i>
-	-

4. Language proficiency

<i>Requeried Participant's language proficiency. Please mark as many choices as necessary:</i> Spanish - English - Portuguese - French	<i>If no Listed, please specify:</i> -
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5. Computer and/or other specific equipment skills

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6. Necessary supporting documents requeried from the participants.

- Certificate of Language Proficiency for OAS Scholarships - Recommendation Statement Form - Recommendation Statement Form (Employer) - Scholarship Application Form (098/01/07)
<i>If no Listed, please specify:</i> -

7. Other requirements/special needs/characteristics required from the participants (please specify)

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C. INFORMATION ABOUT THE OFFERING INSTITUTION**1. Education Institution Offering the Course**

<i>Country</i> -		
<i>a. Name</i> -		
<i>b. Address</i> -		
<i>c. City</i> -	<i>d. State</i> -	<i>e. Zip code</i> -
<i>f. Telephone</i> -	<i>g. Fax</i> -	
<i>i. Website</i> -		
<i>h. Email</i> -		

2. Contact information of course coordinator

<i>a. Name</i> -	
<i>b. Email</i> -	
<i>c. Telephone</i> -	<i>d. Fax</i> -

3. Contact information of the academic advisor (If Different from Course Coordinator)

<i>a. Name</i> -	
<i>b. Position</i> -	
<i>c. Email</i> -	
<i>d. Address</i> -	
<i>e. Telephone</i> -	<i>f. Fax</i> -

4. Venue of course

<i>Country</i> -		
<i>a. Name</i> -		
<i>b. Address</i> -		
<i>c. City</i> -	<i>d. State</i> -	<i>e. Zip code</i> -
<i>f. Telephone</i> -	<i>g. Fax</i> -	
<i>i. Website</i> -		
<i>h. E-Mail</i> -		

5. Background information on the institution and course instructors or presenters.

<i>a. Institution accredited or recognized by</i> -	
<i>b. Accreditation/recognition date (mm/dd/yyyy) //</i>	<i>c. Study program accredited / recognized by</i> -
<i>d. Background and credentials of the course instructors or presenters</i> -	

D. INFORMATION ON THE AWARDS

In the case of onsite courses, the institution provides scholarships and the OAS provides a roundtrip airline ticket in economy class between the country of origin of the scholarship recipient and the country of study. The country, organization or institution that offers the scholarship covers the costs of registration, tuition, room and board, books and study material, local transportation, and health/accident insurance for the scholarship recipients. The employer or supporting institution in the country of origin of the selected candidate continues to pay his/her salary for the duration of the studies or training.

In the case of online courses, the country, organization or institution that offers the scholarship covers totally or partially, registration, tuition, books and study material. The employer or supporting institution in the country of origin will facilitate the educational experience through a collaborative working atmosphere.

In the case of online courses that include an onsite meeting, the OAS provides a roundtrip airline ticket in economy class. In the case of online courses which do not include an onsite meeting, the OAS will cover a percentage of the tuition instead of the roundtrip ticket.

1. Fundings : Agency, organization and/or institution funding the awards (in relations to the tuition and study material)

<i>Country</i> -	<i>a. Name</i> -	
<i>b. Number of scholarship awards being offered</i> -		
<i>c. Type and estimated value of one scholarship award (please enter an approximate value in US dollars)</i>		
<i>Award Description</i>	<i>Offering Institution Contribution</i>	<i>Expected Contribution from Participant</i>
Administration	-	
Books	-	
Insurance	-	
Local Transportation	-	
Other	-	
Registration Fees	-	
Subsistence	-	
Travel	-	
Tuition	-	
Tuition & Fees	-	
<i>Others (please specify components and value)</i>		
-	-	-
-	-	-

2. Contribution

If your country's government or another institution is contributing to this activity, please describe in detail the nature of the contribution.

<i>Country</i> -	<i>a. Name</i> -
<i>b. Contribution description</i> -	

3. Additional information on the course logistics

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CERTIFY THE INFORMATION

I certify that the statements made by me in answer to the foregoing questions are to the best of my knowledge true, complete, and correct. I understand that any misrepresentation or material omission of fact on this or any other document required from me by the OAS may be considered as constituting grounds for my exclusion from the selection process.

Institution: -

Print Name: -

Date: -