



SENIOR LEADERS & SCHOLARS FELLOWSHIP

Dear Program Applicant,

Thank you for your interest in applying to the Senior Leaders & Scholars Fellowship program. The Hungarian-American Enterprise Scholarship Fund's (HAESF) objective is to promote free enterprise and development in Hungary and to continue to strengthen ties between the United States and Hungary by creating opportunities for accomplished Hungarians and those of great promise to gain professional experience in the United States, thereby enhancing their contribution to Hungarian society.

Endowed by U.S. Treasury funds, HAESF provides significant funding for 3-12 months to distinguished mid-level and senior-level Hungarian professionals in business, public administration, non-profit organizations and academia enabling them to pursue individual independently organized projects in the United States.

Applicants are required to complete the following Application in its entirety and to submit it to the HAESF office in Budapest by the stated deadline. To help you in completing the Senior Leaders & Scholars Fellowship Program Application, we have included checklists on the following page. Please use the respective checklist to guide you through the process of completing the application.

For further assistance, you may contact HAESF's Program Officer in Budapest at any time by phone (+36-1-413-0018) or by email (info@haesf.org). Additional instructions and information can also be found on HAESF's main program website at www.haesf.org/senior/application.html.

Thank you again for your interest in HAESF's Senior Leaders & Scholars Fellowship Program.

Elizabeth Simon
Executive Director



APPLICATION CHECKLIST

HAESF Senior Leaders & Scholars Fellowship candidates will be assessed on the applicant's qualifications and the proposed project's quality, visibility and value. Candidates must include the following documents with the application:

- A copy of your current CV or resume
- Personal Statement (as detailed in this application)
- 2 Letters of Reference (1 from the applicant's employer, 1 from an external source) written or translated into English.
Letters should discuss the following issues:
 - Nature of relationship with applicants
 - How the proposed project relates to candidate's career goals and Hungarian development
 - Assessment of applicant's character, abilities, strengths, and weaknesses
 - Letters of Reference should be submitted in signed and sealed envelopes
- Letter(s) of Invitation from the Host Organization(s) in the U.S. The letter should state the length of hosting period and the resources (office equipment and supplies, library access, lab access etc.) provided by the hosting institution to complete the Project Proposal.
- Project Proposal
 1. Title
 2. Length of time, location(s) and complete contact info of the U.S. host(s)
 3. Project goals, objectives, and significance
 4. Detailed description of the project
 5. Project schedules: weekly or monthly, depending on the length and nature of the project
 6. Practical details: methods for securing accommodation, transportation, facilities, equipment, etc. (when applicable)
- Project/Research Related Budget (page 7 of application form)

NOTE: All Hungarian-languages documents, certificates, etc. must be translated into English. All documents, including application forms, photos, certificates etc must be submitted in 2 copies.

PLEASE TELL US HOW YOU LEARNED ABOUT THE HAESF FELLOWSHIP?


- Professor/Academic Advisor
- Poster (provide location):
- Email, newsletter (please, list):
- Advertisement (name of publication):
- Friends or relatives
- Web search/other websites (please, list):
- Article, program (please, list media source):
- Job or study abroad fair (provide location):
- Other (please, list):

FOR ALL APPLICATION, ACCEPTANCE, AND PRE-DEPARTURE INFORMATION AND QUESTIONS, PLEASE CONTACT:

Kati Szalay
CIEE EXCHANGES, INC.
Kereskedelmi Képviselete
(HAESF Ösztöndíj Alap)
Andrássy út 61., I/5.
Budapest
1062 Hungary

Tel: (36-1) 413-0018
Fax: (36-1) 413-0019
Email: info@haesf.org



PERSONAL DETAILS (Please complete as they appear on your passport)	PASSPORT PHOTO
Last name:	Please attach a passport sized photo here: 
First name:	
Middle name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth (dd/mm/yyyy):	
City of birth:	
Country of birth:	
Country of citizenship:	
Country of legal permanent residence:	
Passport number:	
Passport expiration date (dd/mm/yyyy):	

CONTACT INFORMATION	
Current street address:	
City:	Postal code:
Telephone (country code/city code/number):	
Mobile (country code/city code/number):	
Email (mandatory):	
At this address until (dd/mm/yyyy):	
Permanent address: <input type="checkbox"/> (Check if same as above)	
City:	Postal code:
Telephone (country code/city code/number):	
Mobile (country code/city code/number):	

EMERGENCY CONTACT (Please enter next of kin)	
Last name:	
First name:	Middle name:
Street address:	
City:	Postal code:
Telephone (country code/city code/number):	
Mobile (country code/city code/number):	
Relationship to applicant:	



EMPLOYER INFORMATION

Title or Position:

Organization name:

Division/Department:

City:

Postal code:

Country:

Telephone (country code/city code/number):

Fax (country code/city code/number):

Mobile (country code/city code/number):

Email:

Years at the current employer:

Total years in the workforce:

Which of the following best describes the sector in which you work:

- | | |
|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> National Central Government |
| <input type="checkbox"/> International Organization | <input type="checkbox"/> Non-Profit/NGO |
| <input type="checkbox"/> Local/Municipal/County Government | <input type="checkbox"/> Private/Corporate |
| <input type="checkbox"/> Military | <input type="checkbox"/> State/Provincial Government |

PREVIOUS VISAS

Have you ever received a J-1 Visa to enter the U.S.? Yes No If yes, how many?

If yes, please complete the following for each previous J-1 visa:

1) Type of program:

- Trainee
 Intern
 Research Scholar
 Other, specify:

Organization (employer):

Program sponsor:

City: State:

Dates of DS-2019 (dd/mm/yyyy):

From: To:

2) Type of program:

- Trainee
 Intern
 Research Scholar
 Other, specify:

Organization (employer):

Program sponsor:

City: State:

Dates of DS-2019 (dd/mm/yyyy):

From: To:

OTHER VISA INFORMATION

Have you ever applied for a visa to immigrate permanently to the U.S.? Yes No

Have you ever been arrested and convicted of a crime? Yes No

Have you ever been refused a visa by a U.S. Embassy or Consulate? Yes No

PERSONAL STATEMENT

Please submit an essay answering the following questions:

- Describe yourself: past achievements, strengths, weaknesses, interests, etc.
- Please explain why you wish to participate in the Senior Leaders & Scholars Fellowship.
- How will your participation in this Fellowship assist you in fulfilling your future career and personal goals upon your return to Hungary?
- Please explain how your participation in this Fellowship will contribute to Hungary's continued progress and development.



PROJECT PROPOSAL

Project Title:

Project Summary:

On a separate page, please provide a detailed description of the proposed Senior Leaders & Scholars project. The proposal should include the following:

1. Title
2. Project proposal, objectives, and significance
3. Detailed description of the project
4. Duration in months per phase
5. Location(s) and complete contact info of the U.S. host(s)
6. Project schedules: weekly or monthly, depending on the length and nature of the project
7. Letter(s) of invitation from the Host Organization(s) in the U.S. The letter should state the length of hosting period and the resources (office equipment and supplies, library access, lab access, etc.) provided by the host institution.

PREFERRED DEPARTURE/RETURN DATES

Date of departure to Hungary (dd/mm/yyyy):

Date of return to Hungary (dd/mm/yyyy):

Internship Start Date (dd/mm/yyyy):

Internship End Date (dd/mm/yyyy):

Exact duration of stay in the U.S. in months:

Requested time-off (please list all known personal/academic commitments such as exams, graduation, etc. while on program) List reason and approximate duration and dates:

- 1.
- 2.
- 3.
- 4.

HOST ORGANIZATION #1

Name of Host Organization:

Type of Host Organization and its activities:

Address:

City:

Postal code:

Country:

Name of contact person:

Title:

Telephone:

Fax:

Email:

HOST ORGANIZATION #2 (IF APPLICABLE)

Name of Host Organization:

Type of Host Organization and its activities:

Address:

City:

Postal code:

Country:

Name of contact person:

Title:

Telephone:

Fax:

Email:



BUDGET PROPOSAL

Monetary awards vary from Fellow to Fellow depending on the length, location and nature of the individual project. Fellowship award amounts for living expenses are determined by the HAESF office in the U.S. based on each Fellow's individual circumstances and according to an established set of criteria.

Fellowship awards are meant to cover project-related costs and basic living expenses to maintain a comfortable standard of living. Awards are not designed to cover extravagant personal expenses, all dependent-related expenses, or personal obligations in Hungary. The maximum award that a Fellow is eligible to receive is \$60,000 USD for 12 months.

Awards may cover the following:

- One round-trip economy based airfare from Hungary to the U.S.
- Room and board
- Local travel
- Health insurance
- Visa processing fees
- Personal allowance
- Professional expenses (project-related travel, research related expenses, conference, etc.)
- "Settling-down" expenses

Awards DO NOT cover:

- Significant amount of dependents' expenses
- Health insurance or airfare for dependents
- Vacation/leisurely travel in the U.S.
- Gift or pleasure shopping
- Hardware or equipment purchases (computers, laptops, printers etc.)
- Additional expenses that pertain to lifestyle preferences

Applicants are asked to submit any additional funding requests not related to living expenses, such as project/research-related expenses not covered by the host organization. When submitting budget proposals, Fellows are asked to complete the following template below. Budget proposals cannot be modified by the applicant after submission.



PROJECT/RESEARCH RELATED EXPENSES

Research-related Expenses: may include lab fees, library access fees, equipment and facility fees, internet access, online journal access fees, photocopy fees, domestic travel, etc. (EXCLUDING hardware or equipment purchases such as laptops, computers, printers etc). Please, provide the amount that covers research-related expenses during your entire stay. If necessary, include a separate sheet of paper with a detailed break-down of research-related expenses.

Expense	Amount
a.)	
b.)	
c.)	
d.)	
e.)	
f.)	
g.)	
h.)	
Total:	

PROFESSIONAL EXPENSES

HAESF does provide funding to allow participation in professionally related or project related conferences, seminars, etc. The event should occur within the project dates, have a direct correlation with the Fellow's host organization, or be directly related to the Fellow's work/research conducted in the U.S. The Fellow must submit a printed description of the conference, its detailed schedule and cost of attendance, as well as a letter from the Fellow explaining the level of participation (attendee, invited guest, lecturer, presenter, etc.) and the event's importance on the Fellow's work. If awarded, the funds for the conference will be released only after an official invitation letter or copies of registration confirmation, hotel/travel itineraries have submitted to the U.S. HAESF office.

Expense	Amount
a.) Conference Registration Fees	
b.) Hotel Accommodations	
c.) Travel	
d.) Other	
e.)	
Total:	



DEPENDENTS

While similar Fellowship programs do not provide funding for dependents, HAESF understands the importance of providing the opportunity for Senior Fellows to bring their families. At the same time HAESF seeks to remain true to its primary mission of providing financial grants to accomplished Hungarians to gain valuable professional experience in the U.S. For that reason, the Fund believes that a larger part of the funding granted to the Fellow should go to support HAESF's mission directly.

The decision to bring dependents is a personal one that should be carefully evaluated by each Fellow based on her or his financial circumstances and other factors. Fellows who are planning to bring their spouse and/or dependents with them should be prepared to have sufficient personal funds to cover most family-related expenses as HAESF provides limited financial support for dependents.

Fellows will be solely responsible for all of their dependents' travel expenses and mandatory health insurance. HAESF will provide a standard increase to Fellows' calculated monthly awards to help them support their family members—however, the total award cannot exceed \$60,000. The specific amount will be outlined clearly in the Award Report. A dependent is defined as any legally married spouse or an unmarried child under the age of 21 years old who will be accompanying the Senior Fellow. HAESF is able to provide additional support for up to 3 dependents.

J-2 DEPENDENT (Please complete as they appear on passport)

Relationship to Fellow: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
Last name:	First name:	Middle name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	
City of birth:	Country of birth:	
Citizen of:		
Legal permanent resident of:		
Passport number:	Expiration date of passport:	

J-2 DEPENDENT (Please complete as they appear on passport)

Relationship to Fellow: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
Last name:	First name:	Middle name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	
City of birth:	Country of birth:	
Citizen of:		
Legal permanent resident of:		
Passport number:	Expiration date of passport:	

J-2 DEPENDENT (Please complete as they appear on passport)

Relationship to Fellow: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
Last name:	First name:	Middle name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	
City of birth:	Country of birth:	
Citizen of:		
Legal permanent resident of:		
Passport number:	Expiration date of passport:	



PARTICIPANT DECLARATION

1. Each applicant agrees that all the information provided in the application is true to the best of his or her knowledge, and acknowledges that any false or misleading information may lead to immediate dismissal from the program. Reference letters submitted as part of the application package are to be written by the referee, not by the applicant and simply signed by the referee. Personal statements must represent the applicant's original work and thoughts, and are not to be copied from any other source, e.g., internet templates or previous applicants' work. Plagiarism of any kind will lead to automatic dismissal from the program.
2. The Hungarian-American Enterprise Scholarship Fund is a competitive fellowship award and therefore reserves the right to select a limited number of applicants to receive the award, who the selection committee decides best embody the values, goals and objectives of HAESF.
3. HAESF makes no representation or warranty of any kind, expressed or implied as to the suitability of the Fellowship for any participant and HAESF disclaims all such warranties to the full extent of the law.
4. The Fellow is responsible for considering his or her personal health and safety needs, and those of any accompanying family members, when applying for or accepting the Fellowship. If the Fellow suffers from any health or other condition that would create a risk for him/her while abroad, he or she should not apply.
5. The Fellow is responsible for reading and carefully considering all materials made available that relate to safety, health, legal, environmental, political, cultural and religious customs and conditions in the U.S. Each participant must take full responsibility in the event that laws, regulations, or customs are broken, regardless of foreknowledge.
6. Fellowship award amounts will be calculated based on visa fees, travel, medical insurance, accommodation, meals and basic daily living expenses. Exact award amounts will be communicated to the Fellows in the form of an award report that they will be required to sign and date. Fellows should be prepared to bring money to pay for their own discretionary spending (for example: gift shopping, tourist travel in the U.S., cultural events, etc.).
7. Applicants are responsible for submitting all requested documentation (including passport copy) to the HAESF office by the deadline stated in the Fellowship award acceptance letter for visa processing. HAESF cannot be held responsible for any additional costs incurred (including the cost of rebooking a flight) due to delays by Fellows in submitting documentation or delays by the U.S. Embassy in issuing a visa.
8. Passports must be valid for at least 6 months beyond the anticipated date of departure from the U.S.
9. Fellowship stipends will begin on the first day of the Fellowship and end on the last day of the Fellowship (within the legal program dates). Fellowship insurance will start on the date of arrival in the U.S. (up to 10 days before the beginning of the Fellowship) and terminate on the day of departure from the U.S. (up to 30 days after the end of the Fellowship).
10. Fellows will be issued a DS-2019 form, but HAESF cannot guarantee that the U.S. Embassy or Consulate will issue a J-1 visa.
11. Insurance is provided for each Fellow for the entire legal stay in the U.S. It is the responsibility of each Fellow to purchase further insurance should he or she extend his or her period abroad for any reason. HAESF cannot be held responsible for any insurance claims in the event that Fellow has failed to secure adequate insurance.
12. It is the responsibility of the Fellow to exercise due care once in possession of the legal documentation (DS-2019) and visa. The cost of replacing these items due to lack of care must be borne by the Fellow.
13. HAESF reserves the right to dismiss from the Program any Fellow who is deemed by HAESF to be a danger to him or herself or others or whose conduct is deemed to be detrimental to the Program. In the event of such a dismissal, HAESF shall not be held responsible for any airfare, charges, or any other expense incurred by the Fellow.
14. The Fellow shall be responsible for and held liable for all his or her acts along with any loss or damage that results from those acts while he or she is on the Program. In the event that HAESF, its affiliates and overseas cooperators, and/or any respective employees, agents and representatives of any of these entities suffer any loss or damages as a result of the acts of the Fellow, then the Fellow agrees to indemnify the party that suffered such loss or damages. Such claims for indemnification shall cover any and all reasonable claims, causes of action, judgments, losses, costs, or expenses which may be made against any of the parties listed or which said parties may suffer or incur as a result of or relating to acts of the Fellow.
15. The Fellow must supply HAESF with the name and contact details of next of kin, to be contacted in the case of emergency on the application form.
16. All travel before, during and after the program is at the Fellow's own risk. Any participant who chooses to operate motorized vehicles is responsible for obtaining the necessary license, permission, and insurance and does so at his or her own risk.
17. Individuals who have recently held a J-1 visa for the U.S. have to remain in their home country for a minimum of 90 days before HAESF can issue a DS-2019 form.
18. While HAESF will always endeavor to fulfill its responsibilities, HAESF cannot accept liability or responsibility for alterations, delays, acts of government or public authority or other circumstances amounting to a "force majeure".
19. This program is subject to U.S. government approval and change without notice. Please also note that the U.S. government has implemented an immigration tracking system, known as SEVIS, for all J-1 visa holders.
20. The visa application process can take anywhere from 10 business days to several weeks to complete. Since Fellow must surrender his or her passport to the embassy during the visa application process, Fellow must be sure not to arrange any travel, for which a passport is necessary, during the visa application period.
21. Fellow understands that, upon completion of the HAESF program, she or he is required to return to Hungary for a minimum of three years, and is not permitted to stay or attempt to stay in the U.S. or any other foreign country, including to work or pursue work. Fellow understands that, in the event that she or he does not meet the three-year residency requirement without the express consent of HAESF or CIEE, she or he may be required to refund the entire Fellowship amount.

I hereby waive and release HAESF, its affiliates and overseas co-operators, and their respective employees and representatives, to the maximum extent permitted by law, from any claims, causes of action and liability for any loss or damage (including, without limitation, damage to property, personal injury, illness or death) suffered or incurred in connection with the HAESF Fellowship Program or Fellowship whether based on breach of contract, statutory duty or warranty, negligence or any other grounds. I will indemnify HAESF, its affiliates and overseas cooperators, and their respective employees and representatives of any loss or damage incurred or suffered by them and caused by me in connection with the Program.

I agree to abide by all HAESF program rules and by United States government laws pertaining to my visa status. I have carefully read and agree to honor the details of my Fellowship, and also acknowledge my responsibility to strictly follow the rules and regulations of my host organization in the U.S.

I understand that HAESF's sponsorship authorizes me to do my Fellowship only at the organization cited by HAESF or as outlined by my proposal. I understand that I am not authorized to seek or carry out any other training or regular employment during the period covered by HAESF's sponsorship.

I certify that all of the statements in this form are correct and that I have carefully read the conditions of this program. I am aware that any violation of program conditions may cause HAESF to withdraw its sponsorship, resulting in a loss of my legal right to remain in the U.S. and to carry out my Fellowship, and that I will not be entitled to any reimbursement of costs.

Applicant's Signature:

Date (dd/mm/yyyy):