



AF ELSP Identification No: _____

GUIDELINES FOR COMPLETING THE AF ELSP APPLICATION FORM

- **You must complete ALL sections of the application form. If you do not have an answer for certain sections, please write: NONE. DO NOT LEAVE ANY SECTION BLANK. Incomplete application forms, including those with blank sections, will not be included in the selection process.**
- Applicants must complete the application form in English and sign it in the given space (*page 9*).
- Applicants must attach all supporting documents required. Completed application forms that are missing one or more required supporting documents will not be included in the selection process. For the list of supporting documents, please refer to the DOCUMENT CHECKLIST section below.
- Only TOEFL® ITP or International TOEFL® score reports are accepted. The score report must NOT be more than two years old. No other type of score report will be accepted.
- Letters of Reference must be put in a sealed envelope.

All completed application forms (including all necessary supporting documents) must be brought to the U.S. Embassy on the day of the Interview.

Program Officer – ELSP
Office of Public Affairs, American Embassy,
686 Old Bagamoyo Rd., Msasani; Box 9123, Dar es Salaam, Tanzania
Voice: +255 22 2668001 Fax: +255 22 2668251 Email: drs_exchanges@state.gov
Website: <http://tanzania.usembassy.gov/afelsp.html>

DOCUMENT CHECKLIST

PLEASE ARRANGE THESE DOCUMENTS IN THIS ORDER.

❖ **REQUIRED DOCUMENTS**

1. Completed and signed AF ELSP Application Form.
2. 1 (one) copy of TOEFL® ITP or International TOEFL® score report (if available).
3. 1 (one) official Letter of Enrollment from your current university, stating that you are still an active student and have not graduated yet or have not completed any graduation process.
4. At least 1 (one) Letter of Reference from a faculty member (use the attached form, and put it in a sealed envelope), preferably from your English teacher at the university. **Attention: please do not send the letter separately.**
5. 1 (one) copy of your university transcript, if, available, showing your first semester grades to the last semester prior to the semester you are currently in, if available.
6. 1 (one) copy of your passport/birth certificate.

NOTE: If you do not have a passport at the time you submit your AF ELSP Application, please know that you will need to obtain one upon being selected. Should you

not be able to obtain a passport by the required deadline, you will forfeit your participation in this program.

7. Copy of your email registration confirmation.

❖ **OTHER RECOMMENDED DOCUMENTS**

1. Copies of certificates or awards received.
2. 1 (one) 4 x 6 color photograph of yourself.
3. Copies of abstract from published articles, research projects, papers presented at conferences, etc. that you have produced.



I. PERSONAL DATA

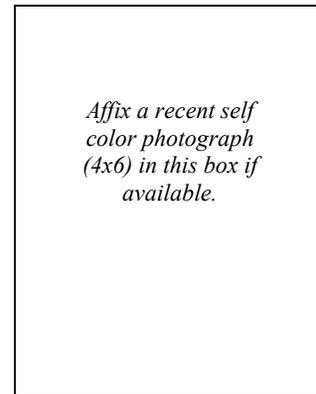
NAME: *(as it appears or will appear on your passport)*

Mr. Ms.

Last Name: _____

First Name: _____

Middle Name(s): _____



*Affix a recent self
color photograph
(4x6) in this box if
available.*

II. PERMANENT MAILING ADDRESS:

(Please note that we are going to use your contact information for all correspondence, so please be as detailed as possible.)

Address: _____

City: _____ Postal Code: _____ State/Province: _____

Country _____

Telephone Number *(please specify your area code)*: _____ Mobile Telephone: _____

Emergency Telephone number *(compulsory)*: _____

E-mail *(compulsory)*: _____

DATE OF BIRTH *(month/day/year)*: _____ **AGE:** _____ **GENDER:** _____

BIRTHPLACE *(city, state/province, country)*: _____

NATIVE LANGUAGES: _____

II. HEALTH

DO YOU HAVE ANY PHYSICAL LIMITATION OR IMPAIRMENT? Yes No

If yes, please specify: _____

HAVE YOU EVER HAD ANY MAJOR ILLNESS? *(e.g. tuberculosis, hepatitis, heart defect, diabetes, etc.)*

Yes No

If yes, please explain *(i.e. specify the type of illness, period of illness, any medication/treatment and the latest condition):*

DO YOU HAVE ANY ALLERGIES? Yes No

If yes, please explain:



III. FAMILY DATA

FAMILY DATA - FATHER

NAME: _____

EDUCATION: _____

OCCUPATION: _____

EMPLOYER: _____

FAMILY DATA - MOTHER

NAME: _____

EDUCATION: _____

OCCUPATION: _____

EMPLOYER: _____

IV. PERSONAL BACKGROUND

Please tell us about your personal life and your family in the space below.

THIS STATEMENT IS AN IMPORTANT PART OF YOUR APPLICATION. *If necessary, please attach additional paper.*



V. EDUCATIONAL INFORMATION

UNIVERSITY: *(write in original language):* _____

FACULTY/MAJOR: *(write in original language):* _____

TYPE OF PROGRAM: Regular Extension International Program Double Degree

ENTRANCE MONTH/YEAR: _____

CURRENT SEMESTER: _____

PROJECTED GRADUATION DATE *(month/day/year):* _____

SUMMARY OF GRADES:

Semester	AVERAGE GRADE	Number of Taken Subjects	Number of Failed Subjects
ACCUMULATIVE GPA:			

Test of English as a Foreign Language (TOEFL®) – a copy of score report MUST be attached

Please tick (✓) the box below with the correct answer:

- Yes, I have received my TOEFL® score report**
 - Please specify, what kind of TOEFL® have you taken? TOEFL® ITP International TOEFL®
 - Date of Examination *(month/day/year)*: ___/___/___ Score: _____
 - Test Center/Institution where you took the test: _____ City: _____
- I am currently still waiting for my TOEFL® score report**
 - Please specify, what kind of TOEFL® have you taken? TOEFL® ITP International TOEFL®
 - Date of Examination *(month/day/year)*: ___/___/___ Score: _____
 - Test Center/Institution where you took the test: _____ City: _____

COURSES/TRAINING COMPLETED OUTSIDE OF YOUR DEGREE PROGRAM

(Attach examples if any, e.g. certificates/reports. Write NONE if you don't have any.)

Name	Institution	Year		Result
		From	To	

EXTRA-CURRICULAR ACTIVITIES *(Attach examples if any. Write NONE if you don't have any.)*

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Activity	Institution/Organization	Year	
		From	To

ORGANIZATIONAL ACTIVITIES/COMMUNITY INVOLVEMENT *(Attach examples if any. Write NONE if you don't have any.)*

Name	Sponsor	Year		Position in Organization
		From	To	

SCHOLARSHIPS RECEIVED *(Attach examples if any. Write NONE if you don't have any.)*

Name	Sponsor	Year		Description
		From	To	

ACADEMIC/NON-ACADEMIC ACHIEVEMENTS OR PRIZES *(Attach examples if any. Write NONE if you don't have any.)*

Achievement	Place (city)	Year	Description

PUBLICATIONS/ARTICLES *(Attach examples if any. e.g. article, paper, etc. Write NONE if you don't have any.)*

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Title	Type	Year	Description

IF YOU HAVE TRAVELED OR LIVED IN ANOTHER COUNTRY, INDICATE PLACE, PURPOSE, TIME AND OTHER NECESSARY INFORMATION *(If you have never been abroad, please write NONE. Do not leave this section blank.)*

Name of Country	Purpose	Date (from – to)	Funded by	Description

LANGUAGE SKILLS:

Please rate yourself Excellent, Good, Fair, or Poor. Include all languages in which you have some competence.)

Mother Tongue: _____

Name of Language	Reading <i>(Excellent/Good/Fair/Poor)</i>	Writing <i>(Excellent/Good/Fair/Poor)</i>	Speaking <i>(Excellent/Good/Fair/Poor)</i>

EMERGENCY CONTACT:

Please provide the name, address and telephone number of individuals to be notified in case of emergency.

In Home Country	In the United States <i>(If any. Write NONE if you don't have any)</i>

VI. ESSAYS

**AFRICA ENGLISH LANGUAGE STUDY PROGRAM (AF ELSP)
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PERSONAL STATEMENT: Write a clear and detailed description of your reason why you would like to participate in this English study program in the space below. Explain how AF ELSP fits with your previous education/training and your future objectives. This statement should not be a mere listing of facts and should include information about your background education, practical experience, special interests, and your purpose in applying to study English in the United States. You may also choose to describe any significant influences on your personal and educational development. *Use another sheet of paper if necessary.*

THIS STATEMENT IS AN IMPORTANT PART OF YOUR APPLICATION

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YOUR COUNTRY: Write a clear and detailed explanation of what you think are the most pressing issues faced by [student's country], and describe what role you would like to play in addressing these issues. *You must limit your response to the size of space below; anything over this size will not display or print on your submitted application.*

LONG-TERM GOALS: Please share with us what are your long-term career aspirations and what skills do you need to achieve these objectives? *Use another sheet of paper if necessary.*

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REFERENCES: List the name, title and address, including telephone number, fax number and e-mail address, of your teachers who know you professionally and who may be contacted by members of the review committee. These people must be the same people from whom you have asked to write a formal letter of recommendation for you.

Name of Reference	Professional Title	Mailing Address	Contact Information <i>(Address, Telephone Number, Fax Number and E-mail Address)</i>

CERTIFICATION AND RELEASE AUTHORIZATION:

I certify that the information set forth in this application (including attachments) is true, complete, and accurate. I authorize the release of any information necessary to confirm and / or verify this application.

Signature of Applicant

Date



LETTER OF REFERENCE

Instructions for Writer of Letter of Reference

Thank you for agreeing to write this letter of recommendation for:

Name of Applicant: _____

Your input is important in the screening process for the Africa English Language Study Program (AF ELSP). In the form of a letter, please provide the following information about the applicant:

1. How many years and in what capacity have you known the applicant?
2. Please discuss the applicant's qualifications and merits of:
 - a. The applicant's special academic/professional strengths and weaknesses
 - b. The applicant's performance in extracurricular and/or organizational activities
 - c. The applicant's ability to use English in daily communications
3. Please include any other information you may want to give in support of the applicant. Use another sheet of paper if necessary.

Signature: _____

Date: _____

Full name: _____

Professional Title: _____

Department/Faculty: _____ University: _____

NOTE: Please put your letter inside a sealed envelope and give it back to the applicant

Your statement will be given considerable importance by the reviewers of this application and should, therefore, be as complete and detailed as possible. Please use additional paper if necessary.