



Robert S. McNamara Fellowships Program

2013 Application Form

Applicant's Name: _____
Family/Last Name First Name Middle Name

A. Personal Data: Summary Sheet

1. Name: _____
Last (Family) First Middle

2. Gender: Male ___ Female ___ 3a Nationality: _____ 3b Other Nationality _____

4. Permanent Address: _____
(Street Address)

(City) (State/Region) (Postal Code) (Country)

Telephone: _____ Fax: _____

E-mail: _____

5. Current Address: _____
(if different from above) (Street Address)

(City) (State/Region) (Postal Code) (Country)

Telephone: _____ Fax: _____

Telephone (Office): _____ Fax (Office): _____

E-mail: _____

6. Date of Birth: _____ 7. Age: _____
(Day) (Month) (Year)

8. Highest Degree Held: _____ 9. Degree in Progress: _____
Expected Date of Completion: _____

10. Current Occupation (Please mark one): _____ Academic
_____ Public Sector (other than academic)
_____ Private Sector
_____ Regional or International Organization
_____ NGO
_____ Consultant
_____ Other, please specify: _____

11. Education level of your parents: Mother Father
No Education _____
Primary _____
Secondary _____
University _____

12. How did you hear about the Fellowship Program? (Please mark one): _____ World Bank Offices
_____ The Economist _____ Host Institution _____ Government Institution
_____ Jeune Afrique _____ Home University _____ Internet
_____ Other, please specify: _____

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Family/Last Name First Name Middle Name

B. Research Activity

1. **Doctoral program:** Please provide information regarding the doctoral program you are currently enrolled in.

Full title of your thesis/research: _____

Name of your doctoral thesis advisor / supervisor: _____

University/Institution name: _____

Faculty/School/Department: _____

Lab/Research team: _____

Address: _____
(Street Address)

(City) (State/Region) (Postal Code) (Country)

Website: _____

2. **Two(2) Host Institution (where the fellowship will take place):**

(Note that the host institution could be the same as the university you are enrolled in as a doctoral student).

Name of Host Institution: _____

Name of Research Advisor in Host Institution: _____

Faculty/School/Department: _____

Lab/Research team: _____

Address: _____
(Street Address)

(City) (State/Region) (Postal Code) (Country)

Email: _____

Explain your connection with the institute named above: _____

Applicant's Name: _____
Family/Last Name First Name Middle Name

Proposed Research Dates: From: _____ To: _____
month/year month/year

Do you anticipate any additional sources of funding for the proposed project? If yes, please specify the source and amount expected: _____

Applicant's Name: _____
Family/Last Name First Name Middle Name

C. Academic Background: (highest degree first)

Name of Institution: _____

Address: _____

Duration of the Degree Program: _____ Dates Attended: From: _____ To: _____
month/year month/year

Degree Awarded: _____

Subjects/Field: _____

Name of Institution: _____

Address: _____

Duration of the Degree Program: _____ Dates Attended: From: _____ To: _____
month/year month/year

Degree Awarded: _____

Subjects/Field: _____

Name of Institution: _____

Address: _____

Duration of the Degree Program: _____ Dates Attended: From: _____ To: _____
month/year month/year

Degree Awarded: _____

Subjects/Field: _____

Applicant's Name: _____
Family/Last Name _____ First Name _____ Middle Name _____

D. Work Experience: (begin with current or most recent position)

Give a record of each of the last 2-3 **full-time paid positions** held (most recent first).

Organization: _____

Public Sector Private Sector NGO Regional or International Organization

Address: _____

Telephone: _____ Fax/E-Mail _____

Title of your Position: _____ Supervisor's Name: _____

Dates of Service: From: _____ To: _____
(month/year) (month/year)

Please provide details of your professional responsibilities, project(s) undertaken, and other professional accomplishments in the space below.

Organization: _____

Public Sector Private Sector NGO Regional or International Organization

Address: _____

Telephone: _____ Fax/E-Mail _____

Title of your Position: _____ Supervisor's Name: _____

Dates of Service: From: _____ To: _____
(month and year) (month and year)

Please provide details of your professional responsibilities, project(s) undertaken, and other professional accomplishments in the space below.

Applicant's Name: _____
Family/Last Name First Name Middle Name

Work Experience: Continued

Organization: _____

Public Sector Private Sector NGO Regional or International Organization

Address: _____

Telephone: _____ Fax/E-Mail _____

Title of your Position _____ Supervisor's Name: _____

Dates of Service: From: _____ To: _____
(month and year) (month and year)

Please provide details of your professional responsibilities, project(s) undertaken, and other professional accomplishments in the space below.

You may provide other information, related to your professional and personal development, which is relevant to your application. (100 words maximum)

Applicant's Name: _____
Family/Last Name First Name Middle Name

E. Relevance of Proposed Research Activity

1. Please specify, clearly and concisely, the objectives, innovation, and potential contribution of your doctoral research. (150 words maximum)

2. Please specify the relevance of the proposed research activity to your past professional experience, current doctoral research, and future career goals. (100 words maximum)

Applicant's Name: _____
Family/Last Name First Name Middle Name

F. References:

Name: _____ Title: _____

Address: _____
(Street Address)

(City) (State/Region) (Postal Code) (Country)

Telephone: _____ Fax: _____

Email: _____

In what capacity do you know this referee? _____

Name: _____ Title: _____

Address: _____
(Street Address)

(City) (State/Region) (Postal Code) (Country)

Telephone: _____ Fax: _____

Email: _____

In what capacity do you know this referee? _____

Applicant's Name: _____
Family/Last Name First Name Middle Name

G. Applicant Signature:

I certify that the information contained in this application form is accurate to the best of my knowledge.

(Signature)

(Date)

Applicant's Name: _____
 Family/Last Name First Name Middle Name

Robert S. McNamara Fellowships Program

The World Bank, 1818 H Street, N.W. MSN J4-402
 Washington, D.C. 20433, U.S.A.

Statement of Acceptance by Host Institution and Research Advisor

Section 1 Terms of Reference for the Host Institution

1. Your institution has been selected as a host institution by an applicant to the Robert S. McNamara Fellowships Program of the World Bank. During the period of the Fellowship, all Fellows are required to affiliate themselves with an institution in a country other than their home country, or country of residence, and to find an advisor within that institution.

2. If you agree to host a McNamara Fellow, you will be asked to provide a base for the researcher and any amenities, such as access to a computer or secretarial support, as are within the power of the institution to give.

3. You are asked to designate an advisor within your institution who will review the applicant's proposal, and give qualitative input on the presentation of the proposal. During the research period, the advisor is requested to provide regular research guidance, monitor the research progress, and facilitate the integration of the fellow within the host team and institution.

If you accept, please complete Section 1A of this form below and return it to the applicant, or send it directly to the Program Office at the above address. Your acceptance must be received no later than postmarked **July 31, 2013**. Late receipt of a host institution acceptance will seriously hinder an applicant's chance of success.

Section 1a Host Institution Statement of Acceptance

Name of Applicant: _____

Name of Advisor: _____

Title & Position of Advisor: _____

Name of Institution: _____

Address: _____

We have read the applicant's proposal and agree to host a McNamara Fellow as outlined above.

Signature: _____ Date: _____

Title and position: _____

