

FULBRIGHT ASSOCIATION BOARD OF DIRECTORS

APPLICATION - NOMINATION

CONTACT INFORMATION

Name, Title (if retired, please list highest level obtained):

Profession and Expertise:

Application Submitted by: ___self or list name and email _____

When and Where Did You Serve Your Fulbright(s) (if applicable):

Phone:	Email:	FA Chapter Affiliation (name chapter, if relevant):
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Current preferred address:

City:	State/Country:	ZIP Code:
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FULBRIGHT HISTORY AND QUALIFICATIONS

Are you an FA Member and/or Donor:

Board and Leadership Experience (list all that may apply):

List relevant connections and/or network:

National Fulbright Conferences attended, unique chapter contributions (if applicable):

DESCRIBE INTEREST IN SERVICE AND NETWORK

Describe why you want to serve on Fulbright Board of Directors (or why this candidate should be considered):

AGENDA CONTRIBUTIONS YOU EXPECT TO MAKE ON BOARD OF DIRECTORS

Describe any agenda items you can foresee and contributions you expect to make to address those agenda items:

REFERENCES

Name & Title	Email	Phone
1.		
2.		

SIGNATURE

I authorize the verification of the information provided on this form.

Signature of applicant or sponsor:

Date: