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APPLICATION FORM

Advances in Development Communication
Course director: Ms. Bushra Jabre
June 6-18,2005

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Name you wish to be called during the workshop _____

Country of Birth _____ Citizen of _____
State/Region, Country

Date of Birth _____ / _____ / _____ Male [] Female []
Month Day Year

Passport Number _____ Country _____

Present Position Title _____

Organization _____

Business Address _____ Home Address _____
(P.O. Box, Street address, City) (P.O. Box, Street address, City)

Telephone No. _____ Telephone No. _____

Fax No. _____ Fax No. _____

E-Mail _____ E-Mail _____

Preferred address for correspondence (circle one): Work Home

Education (Highest degree/certificate, institution and year awarded) _____

Current Position (Describe your current job duties and responsibilities) _____

Personal Statement

Speaking and writing ability in Arabic:

Excellent [] Very Good [] Good [] Fair []

Please include with this application form, on a separate piece of paper, a statement of no more than 250 words, explaining why you wish to take this course. Applications received without this statement will not be considered for admission.

HOUSING

Participation in the workshop will be accommodated at the Cavalier Hotel in Beirut, Lebanon. The cost of the accommodation is included in the tuition fees.

FINANCIAL DOCUMENTATION

If an agency has agreed to pay for your participation, please have the agency do the following:

1. Send a statement of interest to pay for the tuition fees, insurance and living expenses.
2. Complete the enclosed sponsorship form and provide its name and address below:

Sponsoring Agency _____

Officer's Name and Title _____

Address _____

Telephone No. _____ Fax No. _____

E-Mail _____ Internet Site _____

Johns Hopkins Bloomberg School of Public Health does not provide **financial assistance** to applicants. Potential funding sources include:

- United Nations Agencies such as UNICEF, UNFPA, UNDP, WHO, WORLD BANK
- United States Agency for International Development (USAID) country missions,
- International agencies working in development,
- National and local government agencies,
- Private Foundations or Corporations.

Applicants seeking funding for this program are advised to contact potential sponsors as soon as possible. Please note that we are not in a position to be **an intermediary between applicants and funding organizations** and we are unable to provide addresses of those organizations.

Please note that we must receive the 2 forms (Application and Sponsorship) by **March 30, 2005** and the tuition check by **May 3, 2005**. The forms may be mailed or faxed separately.

PLEASE ATTACH YOUR CURRICULUM VITAE OR RESUME.

I verify that all statements in this application are true and correct

Signature of Applicant

Date

Please fax or email the completed application and any supporting documents to:

Ms. Mayada Kanj
Health Education Resource Unit
Faculty of Health Sciences
The American University of Beirut
Tel: 961 3 791313
Fax: 961 1 744479
Email: mkanj@aub.edu.lb

The deadline for submission is March 30, 2005

If you need additional copies, this form can be photocopied.