

**Open Society Scholarship Programs  
2014 DISABILITY RIGHTS SCHOLARSHIP PROGRAM**

**Application Deadline: Received by January 13, 2014**

**I. Personal Information - Spell your name *exactly* as it is written on your passport.**

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ Place of Birth (city / country): \_\_\_\_\_

Country of permanent legal residence: \_\_\_\_\_ Country/-ies of citizenship: \_\_\_\_\_

Have you ever applied for, or do you currently hold, a visa or permanent residency status for the US, Canada, the UK, or EU? If so, describe and give expiration date of status/visa. \_\_\_\_\_

\_\_\_\_\_

**II. Mailing Address - All mail will be sent to this address during the competition (Fall 2013/Spring 2014). Include country and city code for phone/fax numbers.**

Number and Street: \_\_\_\_\_

City/Region: \_\_\_\_\_ Index: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**III. Permanent Address (if different from above) - Include country and city code for phone/fax numbers.**

Number and Street: \_\_\_\_\_

City/Region: \_\_\_\_\_ Index: \_\_\_\_\_ Country: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**IV. Current Employer - Include country and city code for phone/fax numbers.**

Current position/job title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Number and Street: \_\_\_\_\_

City/Region: \_\_\_\_\_ Index: \_\_\_\_\_ Country: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**V. Professional Experience** - List your most recent professional experience first. You will have more space on your resume/CV to write about other positions.

Name & Type of Organization (include # of employees)	Job Title & Dates of Employment (and # of people supervised)	Job Responsibilities (and hours worked per week)	Paid or Volunteer

**VI. Education** - List all higher educational institutions you have attended, beginning with the one attended most recently.

Institution & Location	Major Field of Study (area of specialization)	Degree Type (do not translate, write in Latin letters)	Dates of Study (starting & ending month / year)	Date Degree Received (or expected)

**VII. Academic Awards** - List any awards, grants, fellowships, or honors you have received. Include the following information: type of award, granting agency, name of award, year, duration of study, and amount.

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**VIII. Research** - List any scholarly or professional research you have done or are currently conducting.

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**IX. Publications** - List any books, articles, or theses you have published, include title, publisher, place and date.

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**X. Professional Associations** - List professional associations or other organizations you are involved with.

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**XI. Conferences/Workshops/Trainings** - List events you have attended that are relevant to your professional development and proposed field of study. If you gave a presentation, please write the topic in the last column.

Name of Conference/Workshop	Country	Dates	Participant or Presenter	Presentation Topic

**XII. Language Ability** - Rate your reading, writing, comprehension and speaking skills in each language you know, including English and your native language. Use the ratings of *Excellent*, *Good*, *Fair*, or *Poor*.

Language	Native?	Reading	Writing	Listening Comprehension	Speaking
English	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

**XIII. International Experience** - Please indicate all extensive (more than one month) travel, study, or work you have had outside your home country.

Country Visited	Length of Stay	Dates	Purpose of travel

**XIV. Required Accommodations** - Please identify any disability-related accommodations you require to enable you to participate fully in an academic program. This information will have no bearing on the success of your application but helps with program planning and forecasting.

- |   |   |
|---|---|
| <input type="checkbox"/> Physically accessible facilities | <input type="checkbox"/> Flexible scheduling                                  |
| <input type="checkbox"/> Sign language interpretation     | <input type="checkbox"/> Communication Access Realtime Translation (CART)     |
| Type: _____   | <input type="checkbox"/> Personal Assistant (please describe in detail below) |
| <input type="checkbox"/> Materials in Braille             | <input type="checkbox"/> Other. Please describe your needs:                   |
| <input type="checkbox"/> Screen reading software          |   |
| <input type="checkbox"/> Additional time for testing      |   |

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**XV. Essay (letter of intent)** - Write a detailed essay explaining your reasons for applying for support from the Open Society Foundations Disability Rights Scholarship Program. Explain how your background, education, and employment have prepared you to study at the graduate level in the field of law. How did you become interested in disability rights work? What experiences - personal, educational and organizational - led to or confirmed your interest in this field? What efforts have you undertaken to improve your professional qualifications already in the field of human rights/disability rights? Explain what you hope to accomplish during your fellowship and how this experience will help you achieve your professional and personal goals, including what type of work or position you would like to have after completing the program. (The length of your essay should not exceed five typed pages.)

**XVI. References** - Please identify three (3) individuals who will write recommendation letters on your behalf. When choosing recommendation providers, please note that the selection committee weighs these letters heavily in evaluating applications.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**XVII. Program Administration** - How did you learn about the Program? (for statistical purposes only)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Government announcement   | <input type="checkbox"/> Internet          | <input type="checkbox"/> Your university |
| <input type="checkbox"/> Listserv                  | <input type="checkbox"/> Newspaper/Journal | <input type="checkbox"/> Your workplace  |
| <input type="checkbox"/> Soros/Open Society Office | <input type="checkbox"/> Radio             | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Friend                    | <input type="checkbox"/> Television        |  |

Please specify details:

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Have you applied for other scholarships this year (Open Society Foundations or other)? Yes \_\_\_ No \_\_\_

If so, to which program(s)? \_\_\_\_\_

**XVIII. Required Order of Attachments** - Please attach the following items to your application in the order given below:

- |   |   |
|---|---|
| 1. Essay  | 5. Certified English translation of transcripts         |
| 2. Resume or Curriculum Vitae (CV), in English          | 6. Official degree certificates in original language    |
| 3. Three recommendation letters in sealed envelopes     | 7. Certified English translation of degree certificates |
| 4. Official university transcripts in original language | 8. Photocopy of passport picture page (if available)    |

**XIX. Certification** - By typing my name and submitting this application, I certify that the information given in this application is complete and accurate. I understand that the final approval of my application and my status as a program grantee is dependent on my placement at an appropriate host university and on my ability to receive and maintain the necessary visa or study permit. I understand that the purpose of the program is to obtain a Master of Laws (LLM) that will provide the educational foundation needed to contribute to disability rights advocacy and legal reform in my home country. I agree to return to my home country upon completion of the fellowship.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**APPLICATIONS MUST BE RECEIVED BY REGIONAL COORDINATOR BY  
JANUARY 13, 2014**

**Residents of Ghana, Kenya, Malawi, Mozambique, Tanzania, Zambia, Zimbabwe only:**

Mr. Jehoshaphat Njau  
Centre for Human Rights  
Faculty of Law, University of Pretoria  
Pretoria, 002, South Africa  
E-mail: [jehoshaphat.njau@up.ac.za](mailto:jehoshaphat.njau@up.ac.za)

**Residents of Colombia, Mexico, and Peru only:**

Prof. Francisco Bariffi  
Centro de Investigación y Docencia en Derechos Humanos  
Universidad Nacional de Mar del Plata  
Calle 25 de Mayo 2855. 8º piso  
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Tel-Fax: +54-223-491-1376  
Email: [redcdpd@gmail.com](mailto:redcdpd@gmail.com)  
Website: <http://novedadesredcdpd.blogspot.com.ar>

**Residents of China only:**

Wing Mai Sang  
Scholarship Programs, Open Society Foundations  
224 West 57th Street  
New York, NY 10019  
e-mail: [WingMai.Sang@opensocietyfoundations.org](mailto:WingMai.Sang@opensocietyfoundations.org)

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2014 DISABILITY RIGHTS SCHOLARSHIP PROGRAM**

**Deadline: Received by January 13, 2014**

**RECOMMENDATION FORM INSTRUCTIONS**

Applicants for the Disability Rights Scholarship Program are required to submit three recommendations from professors, employers, supervisors, or lecturers. Your candid, honest responses on the recommendation form provided here will greatly assist in the selection process and help to ensure that successful candidates are placed in programs at host universities that best meet their academic goals.

Please note that universities consider letters of recommendation very seriously in evaluating applications, so please take the time to provide detailed answers.

Recommenders should note the following guidelines:

- Recommendations written in a language other than English must be accompanied by an English translation. Applicants may not certify their own translations.
- Recommendations from individuals outside academia (employers, etc.) should write or mark “unable to judge” for those questions that relate to purely academic issues.
- When possible, recommendation letters should be returned to the applicant in signed, sealed envelopes in time for the applicant to return them with his/her full application to program offices by program deadline of **January 13, 2014**.
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**RECOMMENDATION**

**Applicant's Personal Information**

**Family Name:** \_\_\_\_\_ **Given Name(s):** \_\_\_\_\_

**Field of study:** \_\_\_\_\_

**Recommendation**

To be completed by a lecturer, professor, employer, or supervisor who is familiar with the applicant.

Please complete the following form. Your candid, honest response will assist in selecting successful candidates and placing them in programs that best meet their personal and academic requirements.

**Name and Title of Referee (please print):** \_\_\_\_\_

**Academic Affiliation or Place of Employment:** \_\_\_\_\_

**Work Telephone & E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In what capacity, and for how long, have you known the applicant? \_\_\_\_\_

Please list the courses you have taught the applicant, if applicable.

<u>Course</u>	<u>Year</u>	<u>Applicant's Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please comment on the applicant's ability to contribute to the development and reform of disability rights law and advocacy.

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<u>Course</u>	<u>Year</u>	<u>Applicant's Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please comment on the applicant's ability to contribute to the development and reform of disability rights law and advocacy.

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**OPEN SOCIETY  
FOUNDATIONS**

**Open Society Scholarship Programs  
2014 DISABILITY RIGHTS SCHOLARSHIP PROGRAM**

**RECOMMENDATION**

**Applicant's Personal Information**

**Family Name:** \_\_\_\_\_ **Given Name(s):** \_\_\_\_\_

**Field of study:** \_\_\_\_\_

**Recommendation**

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**Name and Title of Referee (please print):** \_\_\_\_\_

**Academic Affiliation or Place of Employment:** \_\_\_\_\_

**Work Telephone & E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In what capacity, and for how long, have you known the applicant? \_\_\_\_\_

Please list the courses you have taught the applicant, if applicable.

<u>Course</u>	<u>Year</u>	<u>Applicant's Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please comment on the applicant's ability to contribute to the development and reform of disability rights law and advocacy.

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How do you think the applicant will benefit from studying in a graduate program in Law?

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**Overall Evaluation**

Compared to other people you have taught or employed, how would you rank the applicant in the following terms? (Circle the best answer.)

<b>Leadership</b>	Excellent	Good	Average	Poor	Unable to Judge
<b>Motivation</b>	Excellent	Good	Average	Poor	Unable to Judge
<b>Creative/Independent thinking</b>	Excellent	Good	Average	Poor	Unable to Judge
<b>Effective communication skills</b>	Excellent	Good	Average	Poor	Unable to Judge
<b>English (or French) language</b>	Excellent	Good	Average	Poor	Unable to Judge
<b>Respect for others</b>	Excellent	Good	Average	Poor	Unable to Judge
<b>Academic success</b>	Excellent	Good	Average	Poor	Unable to Judge
<b>Leadership Qualities</b>	Excellent	Good	Average	Poor	Unable to Judge

**Overall, how would you rate this applicant?**

One of the top students/employees I have encountered	Good	Average	Poor	Unable to Judge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space for any additional comments you would like to make about the applicant and add additional pages, if desired.

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