

INTERNATIONAL FELLOWS (IF) SPONSOR APPLICATION

PERSONAL DATA

Last Name: _____

First Name & MI: _____

Rank (if applicable): _____

Organization or Place of Employment (military or civilian) : _____

Office Phone: _____

Status (check one)

Employed with AWC or CBKS

Not employed with AWC or CBKS

Retired Military

Projected PCS/Retirement/Departing Area (if applicable):

(MM/DD/YYYY): _____

(Please note you must be assigned or remaining in the Carlisle Area for the entire academic year to be eligible to sponsor.)

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Marital Status: (Please Check One) Married Single Spouse's Name: _____

Sex and Age of Each Child (Example M6, F2, Infant) _____

Previous Sponsorship: _____

Overseas Tours or Assignments: _____

Other Special Skills or Experiences: _____

Languages Spoken (Applicant/Spouse/ Children): _____

Military or Civilian Occupational Specialty: _____

Sponsorship Preference:

I desire to sponsor an IF who is (Please Check One)

Accompanied by family

Unaccompanied

No preference

I desire to sponsor an IF from the following countries or regions of the world. (Please select a minimum of three different countries)

1. _____

2. _____

3. _____

Will you sponsor an IF who is from a country not listed above? Yes No

Do you consent to release your rank, name, office and home addresses, phone numbers, and spouse's name to the IF and other sponsors? (A negative response will preclude you from participation in the program) Yes No

Comments:

Signature: Submitted by: _____ Date: _____