



## FSN FELLOWSHIP PROGRAM APPLICATION

**Privacy Act Statement:**

**Authority:** 5 USC 301; 22 U.S.C. 2651; ADS 309; and ADS 495.

**Purpose:** This is an application form for USAID Foreign Service National (FSN) employees to use to apply for an internal USAID FSN Fellowship program opportunity.

**Routine Uses:** The information is used to ensure eligibility requirements have been met for the advertised scope of work and also to make a selection for the Fellowship assignment. The information is used to make a selection of a FSN Fellow who will provide assistance on a specific scope of work as advertised by the sponsoring Mission, Bureau or Independent Office. The information is shared internally with the sponsoring office and the FSN Fellowship Coordinator in HCTM/OHCI only.

**Applicable SORNs:** OPM GOVT-1.

**Disclosure:** Disclosure is voluntary. Failure to provide the required information may result in the denial of your application and your ineligibility to participate in the FSN Fellowship program. For questions, please contact: [FSNFellowship@usaid.gov](mailto:FSNFellowship@usaid.gov)

**Initial Goal:** *To offer opportunities for FSNs to apply their technical knowledge and experience in USAID/W and Mission-to-Mission, thus providing needed assistance while affording FSNs exposure and experience with USAID/W and other Mission operations.*

**Applicant Name (Last, First, Middle):**

**USAID Mission:**

**Years of Experience at USAID:**

**E-mail Address:**

**Rotation Applying For:**

**Date and Length of Rotation:**

**Eligibility Criteria: Minimum qualifications:**

- A minimum of 3 years of experience working for a USAID mission in a professional capacity, and currently employed as an CCN PSC or FSN DH;
- Appropriate education or training certification in a relevant field;
- Excellent written and oral communication skills;
- English language proficiency is required at the S-4/R-4 level or higher;
- Excellent interpersonal and teambuilding skills;
- Commitment to the relevant development assistance field; and
- Commitment to continuing a professional career in development assistance work.

**Additional Comments on Rotation:**

Prior to the start of the rotation, a memorandum of agreement will be developed covering the terms and conditions of the rotation.

**Supervisor's Name:**

**Approved:**

**Date:**

**Signature**

Yes

No

**Mission Director's Name:**

**Approved:**

**Date:**

**Signature**

Yes

No

**Comment Box:** *Mission Director and/or Supervisor may provide additional information for consideration in the space below.*