

TEACH Fellowship Program



Teachers Educating Across Cultures in Harmony (TEACH) Fellowship *Call for applications for the winter 2009*

Bilateral US-Arab Chamber of Commerce (BUSACC) will take a delegation of 10 to 15 selected instructors to Qatar and Saudi Arabia for the purpose of raising awareness, understanding, and cooperation between educators in the US and the Middle East. This exchange will develop a collective of instructors who can bring their experience into the classroom and transfer cultural understanding into educational work.

Teachers Educating Across Cultures in Harmony (TEACH) is a program aimed at cross cultural exchanges and increased knowledge between educators in the US and the Arab World.

The objectives of the TEACH Fellowship:

- To create programs for students that draw upon the experiences of participating educators;
- To enhance exemplary curricula and teacher training in civics, government, humanities, and economics to educators across the United States.
- To expose education institutions of countries in the Middle East and North Africa to their U.S. counterparts for the purpose of sharing best practices and encouraging cooperation.
- To provide for a means for the exchange of ideas and experiences between education leaders in the U.S. and their counterparts in the Middle East and North Africa region.
- To connect U.S. educators with governmental, private sector, and civic leaders in the MENA region so they come away with a multi-faceted understanding of the region.

All participants will receive a minimum of 15 hours of Continuing Professional Education Credits

Objectives of Saudi/Qatar Trip 2009:

- Interact with educators and professionals with whom they perhaps differ in belief, ethnicity, and culture
- Develop new insights and strategies that will enhance their interpersonal communication skills as well as prepare them for teaching a diverse student body
- Learn the historical and contemporary significance of the energy industry and the role it plays in shaping each nation's socio-economic policies

Program Timeline:

Application Deadline	All application materials must be received by BUSACC no later than October 15, 2009
July – September 2009	Selection process will begin; applications will be reviewed by the selection committee
October 30, 2009	Applicants will be notified of their status
November 2009	Pre-departure preparation (Travel document and requirements)
December 22, 2009	Pre-departure workshop (CPE* credit approved) Online option for those not in Houston
December 26, 2009	Departure to Saudi Arabia
December 30, 2009	Departure to Qatar
January 3, 2010	Arrival into the United States

General Application Requirements:

Educators are asked to submit an application which will be reviewed by a selection committee comprised of BUSACC board members, staff and academics. Please remember that applicants are responsible for obtaining permission and approval and meeting any other requirements of their school districts prior to international travel. Applicants should note that they also may need to consider other pre-departure expenses such as passports, travel supplies, a medical examination, and immunization. The costs are not funded by the program and are not included in the applicant's fee.

1. Fill out the TEACH application packet which includes the TEACH application form, the travel waiver, as well as the essay.
2. Please remember to print your name *as it appears in your passport*.

3. Submit (by email) a 1-2 page essay describing the reason for your participation. Answers should be as specific as possible but they do not have to be lengthy. A paragraph for each will be fine. In addition to email submission, please mail a hard copy of your essay.

Essay must incorporate the following information:

- Motivation for Your Participation in the Program
 - Contribution to Public Education and Educational Leadership
4. Include a deposit for \$200 made out to the "The Bilateral US Arab Chamber of Commerce". The check will be placed in a separate account and will be used to make a deposit on airline tickets if you are accepted into the program. If accepted the check is non-refundable. If you are not accepted the check will be returned.
 5. Within 6 months of participating in the program recipients must submit a written report of their activities, including a reflection on personal and professional growth. As part of our education fellowship we will require our delegates to participate in at least one scheduled educator workshop within six months of their trip chronicling their experience as well as discussing their contribution to public education and educational leadership.

Eligibility and Selection Criteria:

- Employed as a full-time classroom teacher in grades K-12; or university professor, adjunct professor, assistant professor
- Employed in another education capacity such as an administrator, school counselor
- Priority consideration will be given to applicants with NO previous Middle East experience
- Work in the United States; and,
- Be a United States citizen

Please note: All participants are required to have their own travel insurance.

Make sure to submit your packet by *fax*, attention Karima Richardson at *713.880.8278* **and** *mail* to Bilateral US-Arab Chamber of Commerce, 2323 S Shepherd, Suite 1150, Houston, Texas 77019. For any questions or comments, please call *713.880.8168* or email: karima@bilateralchamber.org

Teachers Educating Across Cultures in Harmony (TEACH) Fellowship Program Application

Saudi Arabia December 28-30, 2009 / Qatar December 30, 2009 – January 3, 2010

APPLICANT INFORMATION			
Last	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Passport Number			
Name of Institution			
Institution's Address			
Department			
Job Title			
PROFESSIONAL REFERENCES			
<i>Please list two professional references.</i>			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Emergency Contact Name		Emergency Contact Name	
Phone ()		Phone ()	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
Signature	Date

TRAVEL WAIVER
THIS IS A RELEASE OF LEGAL RIGHTS READ
AND UNDERSTAND BEFORE SIGNING

Voluntary Participation. I hereby acknowledge that participation in this trip is entirely voluntary. This agreement confirms my understanding of the following:

1. **Risks of International Travel.** I understand that participation in the program and international travel involves risks. These include without limitation risks involved in traveling to and within, and returning from, international locations; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local weather conditions. The country or countries to which I will travel may have health and safety standards substantially below those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly.

I also acknowledge that in working, living and traveling in cities abroad, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are not equivalent to life in the United States. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Bilateral US-Arab Chamber of Commerce (BUSACC) recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well being.

I have read and understood the U.S. Department of State Consular Information Sheet about the country or countries to which I am traveling (available on the State Department website at <http://travel.state.gov>).

2. **Health Insurance;** Medical Care; Health and Safety Concerns. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the program. I will be solely responsible for payment in full of all costs of medical care I may receive overseas. I understand and agree that if, during my participation in the program, BUSACC learns that I am experiencing serious health problems, have suffered an injury, or otherwise in a situation that raises significant health and safety concerns, then BUSACC may contact any person whose name I have provided as my "emergency contact." I understand that BUSACC ordinarily will not initiate such contact without first having a discussion with me.

3. **Standards of Conduct.** I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with BUSACC's policies

for conduct and with the policies of my host institution (if any). I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with BUSACC's policies, standards and instructions for student behavior. I agree that BUSACC has the right to enforce all standards of conduct described above.

4. **Travel Arrangements.** I understand that BUSACC does not represent or act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the program. I understand that BUSACC is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.

5. **General Release.** Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the program. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify BUSACC, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the program (including periods in transit to or from my destination), resulting from any cause, including but not limited to ordinary or gross negligence. I certify that I am age 18 or older. I have carefully read and freely signed this

Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the state of Texas (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the program.

Signature_____ Date_____

**AUTHORIZATION FOR USE OF IMAGE,
VOICE, PERFORMANCE OR LIKENESS**

I, (printed name) _____ do permit and authorize the Bilateral US-Arab Chamber of Commerce (BUSACC) and its employees, agents, and personnel who are acting on behalf of the organization to use my photograph or other likeness for purposes related to the educational mission of the organization, including publicity, marketing, and promotion of the organization and its various programs without compensation to me.

I understand my photograph or likeness and voice may be copied and distributed by means of various media, including video presentations, simultaneous television, rebroadcast, radio distribution or retransmission, news bulletin, mailouts, billboards or signs, brochures, placement on university websites, other electronic delivery, or publications. I acknowledge that the organization has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of my image, voice or performance in accordance with this agreement. I waive any right to inspect or approve the finished product, or any material in which the organization may eventually use the photographs.

I relinquish and give the organization all rights, title and interests in and to the photographs, including any copyright therein. This consent and release shall be binding upon my heirs, successors, assigns, and legal representations.

I understand that, although the organization will endeavor to use my photograph or likeness in accordance with standards of good judgment, the organization cannot warrant or guarantee that any further dissemination of my photograph or likeness will be subject to organization supervision or control. Accordingly, I release the organization from any and all liability related to dissemination of my photograph or likeness, reproduction, distribution, and display of the photographs in print or any and all other media, and any alteration, distortion or illusionary effect, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for the use of any photos or other likeness at any time in the future.

I have read and understand the conditions of this consent form.

Signature _____ Date _____

Printed or Typed Name _____ Phone _____

Address _____ City/State/Zip _____

Travel Requirements for Qatar and Saudi Arabia

Only to be completed once accepted into the program (see below). Do not submit a visa application packet unless you are accepted into the program. Visa application must be completed according to the information printed below and mailed with the rest of the required material as a complete package, otherwise package will be returned for correction. Please print or type.

1. Ensure that your passport is signed and has a minimum of two adjacent blank pages (top of page must read visas, visa will not be stamped on amendment pages) and **that the passport is valid for at least nine months from the date of submission**, otherwise passport must be renewed. Renewal of passport is the visa applicant's responsibility.
2. **TWO CLEAR RECENT PHOTOS WITH WHITE BACKGROUND** (2x2): Cut photos to the right size and staple one photo on in the designated photo area on the visa application and clip (do not staple) the second photo to the inside back of the passport or clip to the visa application. Please do not include more than two photos. Copies of photos are not accepted.
3. Disregard instructions printed on the back of the visa application card (For the Saudi Visa Application).
4. Name in Full: Enter your name as it appears in your passport (First, Middle, Last)
5. Place and date of birth: You must enter your complete place and date of birth as it appears in the passport, otherwise application will be returned for correction.
6. Religion: Religion must be specified.
7. Passport issue date and place of issue: must be entered as it is appears in the passport.
8. Permanent Address in USA: where you receive your current mail (home, school, relative or friend).
9. Name and address of company in U.S.A
10. Purpose of Travel: Business Visit.
11. Port of Entry
12. Date of Departure: Approximate date of departure from USA. You must enter a date and must travel within two weeks from the date you enter. Application will be returned if no date entered.
13. Date of Arrival: Date of arrival in Saudi Arabia and Qatar. Application will be returned if no date entered.
14. Length of stay in Saudi Arabia and Qatar.
15. Name and address of company/individual in Saudi Arabia and Qatar: For Saudi Arabia: Saudi Aramco
16. Sign and date your visa application