J-1 RESEARCH SCHOLAR APPLICATION

Date: __________________________

Last Name: ___________________ First Name: _______________ Middle Name: __________

Gender: ______________________

Date of Birth: __________________________

Address: ____________________________________________________________

City: ___________________________ State: _______________ Zip Code: __________

Country: _____________________________________________________________

Phone Number: _____________________ Fax Number: __________________________

Email Address: _______________________________________________________

Seminary Contact (if applicable): _______________________________________

Educational Background (applicants must have an M.A. and/or Ph.D.):

Institution: ______________________________ Degree: _______________________

Concentration: _____________________ Graduation Year:________

Will a J-2 dependent accompany you to the U.S.? _____________________________

Children must be under the age of 21 years old and unmarried.

List each dependent’s name, relationship to you, and email address

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Financial Sponsor: (i.e., self, name of: institution, organization, home country’s government, employer)

Sponsor Name: __________________________

________________________________________________________________________

________________________________________________________________________
Address: ________________________________________________________________

Telephone Number: ___________________________ Email: __________________________

Guarantee of Financial Support: Please submit financial support documentation with current date with your application. Acceptable documentation is a current official bank statement on bank letterhead noting funds in U.S. currency; or official scholarship letter on applicable letterhead, stating the amount awarded to you for the duration of your time here. Please be sure that the financial support covers all expenses as outlined in the document titled “J-1 Research Scholar Applicant Fees & Related Information.” Please be sure the funding amount covers the living expenses of all J-2 dependents if applicable.

DATES REQUESTED FOR STAY:
First Choice ________________ to ________________
Second Choice ________________ to ________________

Have you ever been issued a J-1 visa? __________________________________________
If so, what was the duration? Start date: ________________ End date: ________________
What was the category? ________________________________________________________

Have you ever been in the United States? ______________________________________
If so, please list the category and/or duration of stay below:

Category: __________ Start date: ____________ End date: ______________

Housing:
☐ I would like to rent a room on the Hartford Seminary campus (if available)
*Room rental is intended for individual research scholars only
☐ I will secure off campus housing for myself and my dependents.

Please send this application along with the supplemental information required below:
- a formal letter of application (addressed to President J below), stating your research topic
- your current CV
- one letter of recommendation from a colleague or advisor;
- take the Test of English as a Foreign Language (TOEFL) and achieve a minimum score of 550 (written version), 213 (computer version) or 80 (internet version).
- Or take the International English Language Testing System (IELTS) examination and achieve a minimum score of: 6.5
  Please submit a copy of your scores with your application
- Submit a writing sample
- International Background Check Disclosure Form (please note that this will be sent upon acceptance)
Short Interview:
A short interview with the Academic Dean or a Faculty member will be required by telephone or Zoom teleconferencing. You will be contacted to schedule an interview upon a review of your completed application.

The completed application and supplemental documents should be sent three months prior to your proposed start date. Please read the document titled, “J-1 Research Scholar Applicant Fees and Related Information.” Hartford Seminary’s fee for research scholars and additional fees are stated. In addition, the cancellation policy is outlined.

SIGNATURE OF CONFIRMATION:
Your signature below confirms that all of the information supplied in this application is correct and honestly presented.

_____________________________________________  ________________________
Signature of Applicant               Date

Please send complete application to:
President Joel Lohr
Hartford Seminary
77 Sherman Street
Hartford, CT 06105

OFFICE USE ONLY

DATE APPLICATION RECEIVED: ____________________________

DATE OF INTERVIEW: ____________________________

COMMITTEE DECISION ON APPLICATION: ____________________________

DATES ACCEPTED FOR: ____________________________

FACULTY LIAISON: ____________________________

HOUSING STATUS: ____________________________

Interviewer: ____________________________

Comments: