

The World Bank Group Family Network

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Email: MMMF@worldbank.org

#### Dear Applicant:

We are pleased to enclose the application materials for the Margaret McNamara Memorial Fund. The MMMF was established in 1981 to honor the late Margaret McNamara and her commitment to the well-being of women and children in developing countries. The purpose of the grant is to support the education of women from developing countries who are committed to improving the lives of women and children in their home countries. Previous grant recipients studied agriculture, architecture, urban planning, civil engineering, education, forestry, journalism, nursing, nutrition, pediatrics, public administration, public health, social sciences, and social work.

Applications may be submitted as follows:

- a) Online, by accessing www.wbfn.org, or
- b) By regular mail

#### Please do not submit your application in both of the above ways.

For applications to be submitted by mail, please read the following instructions carefully. The application package contains the following items:

Application form
Personal Statement Form
Recommendation Forms (2)
Country Eligibility List (current year)

#### A. INSTRUCTIONS FOR COMPLETING APPLICATION

Your completed application must include the following items:

- 1. **The Application Form** must be typed or clearly printed in English using dark ink. Please ensure that the pages are in numeric order and stapled. Do not forget to attach your photograph on Page 1.
- 2. **Personal Statement Form** consist of several questions and an essay.
- 3. Two Recommendation Forms in sealed envelopes.
- a. Both must have been professors **or** supervisors.
- b. One must be a professor at your current institution and the other may be from your country.
- c. One must have known you for at least two semesters.

Write your name in the designated space on each form and give one form to each person. Ask them to return the completed form to you in a sealed envelope. Additional recommendations will be discarded.

- 4. **Official Estimate of Expenses for Foreign Students**. This document is available from the Foreign Student Advisor or Financial Aid Advisor of your institution. Highlight on the official university document the information that applies to you.
- 5. **Recent Transcript and Registration.** Transcripts are available form the Registrar's Office. Please send your most recent transcript and a copy of your fall registration.
- 6. Copy of your visa.
- 7. Copy of your I-20.
- 8. **Postcard**. Please address the postcard to yourself. We will return it to you as proof of receipt of your application.

Please mail all nine (9) items to the MMMF office. <u>Do not mail items separately</u>. The envelope containing your complete materials must be postmarked no later than February 1.

- Applications that are incomplete or postmarked after February 1 are not eligible.
- Only recipients of grants will be notified by April 30. If you have not heard by May 15, your application has not been successful.

#### B. CONDITIONS ON ACCEPTANCE OF GRANT

Please note that grant recipients are required to sign a contract agreeing to the following constraints:

- 1. If an MMMF grant recipient receives a grant from the *World Bank Graduate Scholarship* program in the same calendar year she receives an MMMF grant, her MMMF grant shall be rescinded.
- 2. The MMMF expects the grant recipients to return to their home countries or another developing country within approximately two years after receiving their grants and then to perform at least two years of service in her country or another developing country. As a condition of the grant, the recipient will agree to make a contribution to the MMMF of the full amount of her grant if
  - a. she does not return to her country or another developing country within 30 months of receiving the MMMF grant or after completing her studies in the US/Canada; or if
  - b. she does not complete two years of service within 54 months of receiving the MMMF grant or after completing her studies in the US/Canada.

Please also note that grant funds that are used for expenses that are not required for enrollment (e.g. room, board, travel, research, child care, etc.) are generally subject to US/Canada tax and income tax withholding, even for non-US/Canada nationals. Only tuition and related expenses (e.g., tuition, required fees, books, supplies, etc.) are exempt from US/Canada tax and withholding. The tax treatment of grant funds may be affected, by the terms of a tax treaty between the recipient's home country and the United States/Canada. For your specific tax responsibility, contact your advisor or your institution's financial office.

MMMF grant payments will be disbursed directly to the recipient's institution around June 1. **Grant funds may not be used to repay debts or loans.** 

We look forward to receiving your application materials.

Sincerely,

The MMMF Selection Committee

## Country Eligibility List 2006-2007 Academic Year

Applicants must be nationals of developing countries that are currently eligible to borrow from the World Bank. The current list is given below.

Afghanistan	Dominican Republic	Liberia	Senegal
Albania	Ecuador	Libya	Serbia and Montenegro
Algeria	Egypt	Macedonia, FYR of	Sierra Leone
Angola	El Salvador	Madagascar	
Argentina	Equatorial Guinea	Malawi	Solomon Islands
Armenia	Eritrea	Malaysia	Somalia
Azerbaijan		Maldives	South Africa
Bangladesh	Ethiopia	Mali	Sri Lanka
Belarus	Fiji	Marshall Islands	St. Lucia
Belize	Gabon	Mauritania	St. Vincent & the
Benin	Gambia The	Mauritius	Grenadines
Bhutan	Georgia	Micronesia, Fed. Sts. of	Sudan
Bolivia	Ghana	Moldova	Suriname
Bosnia-Herzegovina	Grenada	Mongolia	Swaziland
Botswana	Guatemala	Morocco	Syrian Arab Rep.
Brazil	Guinea	Mozambique	Tajikistan
Bulgaria	Guinea- Bissau	Myanmar	Tanzania
Burkina Faso	Guyana	Namibia	Thailand
Burundi	Haiti	Nepal	Timor- Leste
Cambodia	Honduras	Nicaragua	Togo
Cameroon	India	Niger	Tonga
Cape Verde	Indonesia	Nigeria	Tunisia
Central African Rep.	Iran, Islamic Rep. of	Pakistan	Turkey
Chad	Iraq	Panama	Turkmenistan
Chile	Jamaica	Papua New Guinea	Uganda
China PR	Jordan	Paraguay	Ukraine
Colombia	Kazakhstan	Peru	Uruguay
Comoros	Kenya	Philippines	Uzbekistan
Congo, Dem. Rep. Of	Kiribati		Vanuatu
Congo, Rep. Of	Kyrgyz Rep	Romania	Venezuela, RB de
Costa Rica	Lao PDR	Russian Federation	Vietnam
Côte d'Ivoire	Latvia	Rwanda	Yemen Rep.
Djibouti	Lebanon	Samoa	Zambia
Dominica	Lesotho	Sao Tome & Principe	Zimbabwe

Attach Photo here

#### MARGARET McNAMARA MEMORIAL FUND

Application for a grant for the Academic Year 2006-2007

Name: (Last)	(First)	(Middle)
Eligibility		Yes
I have a record of serv	ice to women and/or children in my	country
I reside in the U.S/Car	nada at the time I submit the applicat	tion.
I was enrolled at an ac	credited U.S/Canada educational ins	stitution by September 2005
and will remain enrolle	ed during the entire period covered l	by the grant.
I will use the grant to o	continue to study for my degree.	
I am a national of	and am not a	U.S. Green Card holder
or Canadian resident.		
I plan to return to a de	veloping country in about two years	- S. □
		<u> </u>
I can demonstrate fina	ncial need.	
My year of birth is	. I will be at least 25 years of	old by December 31, 2005
I am not related to any	World Bank Group staff member o	or his or her spouse.

<b>Personal Information</b> (Please	complete the following inform	nation)	
Name:			
Date of Birth:	( must be by December	· 1980)	
Nationality:	( select country from	eligibility list )	
Type of Visa:	Date issued	:	
Social Security Number:			
Address in the US/Canada:			
Street & Apt #			
City	State	Zip	
Telephone	E-Mail		
Educational Institution:			
Name			
Street			
City	State	Zip	
Course(s) you are pursuing:  Degree or certificate (e.g. Ed.  Major (e.g. Early Child	ducation)		
Number of credits this	semester	Full time	yes $\square$

Marital status	Single		Married		Divorced		Widowed	
If married, plea	ase comple	ete the	information	n reque	ested below:			
Is your husband	d in the U	.S/Can	ada. ?		Yes		No	
If "yes"	From:				То:			
Husband's Typ	e of Visa	:			Date Issued:			
If he is on leav describe the po Institution: Position:		institu	tion or a po	sition	in your country, ple	ase give th	e name of the	institutio
If you have chi	ldren give	e their	ages and pro	esent l	ocation (e.g. "with 1	ne", "In th	e US", etc)	
1. Age	Location	ı			2. Age	Locat	ion	
3. Age	Location	ı			4. Age	Locat	ion	
					ing in the U.S/Cana the U.S/Canada. ( I	-		e", etc).
If you have app How did you fi			-		ast, give the year :			

Applicant's Name :\_\_\_\_\_

Financial Information (Please complete the following information)

# ESTIMATE YOUR EXPENSES FOR THE PERIOD JULY 1, 2006—JUNE 30, 2007. How much of the MMMF Grant would you apply to each of the categories below?

US dollars $\square$ Canadian dollars $\square$	Estimated Expenses 07/01/06-06/30/07	Proposed use of MMMF Grant 07/01/06-06/30/07
	\$	\$
Tuition and fees		
Books and academic supplies		
Housing and food		
Transportation (local)		
Travel _		
Health Insurance		
Other (child care, etc)		
If "Other" please describe:		
Total	\$	\$
Detail all of your income for the Academic Yea	r July 1 2005 June 20 20	06
Employment in the USA/Canada	· ·	
Employment in your home country		
Tuition Waiver		
Scholarship/fellowship/grant (this year)		
Family or friends		
Please list any other source of income and		
	\$	
	\$	
TOTAL		
Please list any other source of income and	\$\$ \$\$	

Please detail how you plan to make up any financial deficit (e.g. job, loan, other grants).

Contact Information (Please complete the following information	on)
Institution and Department in which you are now enrolled:	
Institution:	
Department:	
Address:	
Telephone:	
Names and telephone numbers of the following individuals at you	our institution :
Registrar or Bursar :	
Telephone:	
Foreign Student Advisor:	
Telephone : E-mail	
forms. Both must be professors or supervisors. You must have k semesters. One of them must be a professor at the institution who are now enrolled. The other may be a former professor/supervisor.  Name:  Title:  Address:	ere you
Telephone: How many years have you known him/her?	E-mail:
Name : Title : Address :	
Telephone: How many years have you known him/her?	E-mail:

Present Course of Study in the U.S/Canada. (Please complete the following information)	
Total credits required:	
Credits you will receive by June 2006?	
What other requirements would remain after June 2006?	
When do you plan to complete your degree/certificate (mm/yy)?	
If a thesis or dissertation is required, give the title and describe the content briefly including any field	_
research with dates and locations. Give the schedule for completion.	
rescaren with dates and locations. Give the senedate for completion.	
Title:	
Content:	
Field Research:	
Completion schedule:	
Completion schedule.	

## **EDUCATION** (Please complete the following information)

List the colleges, training institutions, universities, etc. you have attended, with dates — month/ year. List the institutions in reverse order beginning with the institution in which you are presently enrolled first.

From:	Name of Institution:	
	City:	
To	Country:	
	Course of Study:	
	Degree/ Certificate :	
From:	Name of Institution:	
	City:	
То	Country:	
	Course of Study:	
	Degree/ Certificate:	
From:	Name of Institution:	
	City:	
То	Country:	
	Course of Study:	
	Degree/ Certificate :	
From:	Name of Institution:	
	City:	
To	Country:	
	Course of Study:	
	Degree/ Certificate:	
List any acaden	nic honors or awards you have received.	
Date	Award	Institution

## **EMPLOYMENT** (Please complete the following information)

List the positions you have held for which you received income with dates – month/year. List the most recent position first.

From:	Agency or Institution :	
	City:	
То	Country:	
	Position:	
	Responsibilities/ activities:	
		_
From:	Agency or Institution:	
	City:	
То	Country:	
	Position:	
	Responsibilities/ activities:	
		_
From:	Agency or Institution:	
	City:	
То	Country:	
	Position:	
	Responsibilities/ activities:	
From:	Agency or Institution :	
F10III .	City:	
То		
То	Country:	
	Position:	
	Responsibilities/ activities:	

COMMUNITY	SERVICE (Please complete the following information)	
Have you volun	ered in your country or in the USA/Canada Yes $\square$ No $\square$	
If yes please list	pelow with the most recent first.	
From:	Agency or Institution:	
	City:	
То	Country:	
	Position:	
	Responsibilities/ activities:	
From:	Agency or Institution:	
	City:	
То	Country:	
	Position:	
	Responsibilities/ activities:	
	A T W W	
From:	Agency or Institution:	
T	City:	
То	Country:	
	Position:	
	Responsibilities/ activities:	
From:	Agency or Institution :	
	City:	
To	Country:	
	Position:	
	Responsibilities/ activities:	

Applicant's Name :\_\_\_\_\_

## **Personal Statement Form**

This form consist of several questions and an essay. The Selection Committee hopes to get to know who you are through your responses.

	None	Primary	Secondary	University
Father				
Mother				
Describe a recent event children.	in your country	and how you belie	ve it affected the live	es of women and
Describe an activity, which	ch clearly demo	nstrates your comi	mitment to women a	and children.
What led you to chose yo	our present cou	ree of study 2		

How will you use the knowledge and skills you are acquiring now to help women and children when you return to your country?
Discuss your career plans when you return to your country.
What are the challenges in gaining employment in your country when you have completed your U.S/Canada studies ?
Describe any volunteer/ community activities you would like to be able to participate in when you
return to your country.
When do you plan to return to your country? Please give date.

Write a short essay of no more than two pages introducing yourself. Include where you grew up, access to schooling, people and events that influenced your life, or anything else that is relevant to you.

## MARGARET McNAMARA MEMORIAL FUND THE WORLD BANK GROUP 1818 H STREET, NW, MSN H2-204, WASHINGTON, DC 20433

#### Recommendation Form

			First		Initial
grant s form ion to	of abo the ap	out \$11, plicant i	000 to b	oe made	e in June. <i>Please answer the</i>
he app	licant	?			
		Month	s		
( )		Supe	rvisor	( )	
he sca	ale sho	wn. (5=	outstan	iding)	
5	4	3	2	1	unable to judge
5	4	3	2	1	unable to judge
5	4	3	2	1	unable to judge
5	4	3	2	1	unable to judge
5	4	3	2	1	unable to judge
	grant s form ion to he app	grant of about some ion to the applicant?  ( )  the applicant?  ( )  the scale shows 5 4 5 4 5 4 5 4 5 4	woman whose name grant of about \$11, s form ion to the applicant is ed no later than February Month  ( ) Supe  the scale shown. (5= 5 4 3 5 4 3 5 4 3 5 4 3	in grant of about \$11,000 to be some ion to the applicant in a sea and no later than February 1.  The applicant?  Months  Supervisor  The scale shown. (5=outstands 4 3 2 5 4 3 2 5 4 3 2 5 4 3 2 5 4 3 2 5 5 4 3 2 5 5 4 3 2 5 5 4 3 2 5 5 4 3 2 5 5 4 3 2 5 5 4 3 2 5 5 4 3 2 5 5 4 3 2 5 5 4 3 2 5 5 4 3 2 5 5 4 3 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	woman whose name appears above a grant of about \$11,000 to be made as form ion to the applicant in a sealed enveloped no later than February 1.  The applicant?  Months  Supervisor ( )  The scale shown. (5=outstanding)  5 4 3 2 1  5 4 3 2 1  5 4 3 2 1  5 4 3 2 1

dent's Name:	_
Please give us your assessment of the applicant olvement in the problems and needs of women a nmitment to return to her country.	
Name (please print)	
Title	
Address	
Telephone No	E mail
Signature	

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			First		Initial
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he app	licant	?			
		Month	s		
( )		Supe	rvisor	( )	
he sca	ale sho	wn. (5=	outstan	iding)	
5	4	3	2	1	unable to judge
5	4	3	2	1	unable to judge
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dent's Name:	_
Please give us your assessment of the applicant olvement in the problems and needs of women a nmitment to return to her country.	
Name (please print)	
Title	
Address	
Telephone No	E mail
Signature	