

CASA Fellows Program Application Procedures 2018-2019 - I

The application materials shall consist of the following:

1. Curriculum Vitae
2. Overview of intended research project, specifying the following
 - a. Objective
 - b. Methodology
 - c. Expected contribution to the applicant's field of research
3. Written evidence of support from the research group or academic department of the CASA full member institution solicited, specifying the following
 - a. Overview of the group or department's research activities and their relevance to the applicant's intended research activities
 - b. Letter of acceptance or statement of interest in receiving the applicant on the campus for research purposes
 - c. Certificate of English proficiency sufficient to successfully carry out research in the US and navigate daily life in the US (See below)
4. Completed CASA Administrative Representative Statement (see below)
5. CASA Fellows visa application form (below)
6. A copy of a valid passport
7. A signed Insurance Verification Form (below)

Late applications will not be accepted.

Final acceptance in the program and use of the funds requires the joint approval of the solicited CASA full member institution and the Barcelona Group Selection Committee.

Selection Committee

The selection committee is comprised of the following Barcelona Group members:

- the coordinator of the Barcelona Group acting as President
- a vice-rector of each of the four universities of the Barcelona Group

The Selection Committee is responsible for selecting applicants and is the final stage of the selection process.

Compatibility with other Grants

Financial support provided is compatible with other grants. The sum of all financial support obtained should not be major than the total cost of the action.

Reporting

Participants selected must submit a final report about the activities carried out during the stay. It should include a training assessment and the conformity signature of the person in charge of his/her training at the host institution.

Documentation Forms:

- Document 1: CASA Fellows visa application form (Personal Information plus Research Plan Summary)
- Document 2: **CASA Administrative Representative statement**
- Document 3: Health Insurance Verification Form

Note: This form is not necessary for initial acceptance, but final acceptance is CONTINGENT upon receipt of this form no less than 30 days prior to your planned arrival at the CASA host institution

**CASA Fellows Program
Application Procedures**
Personal Information
[Document 1]



APPLICATION INFORMATION FOR PROSPECTIVE CASA FELLOW

TO BE COMPLETED BY APPLICANT (Please Print CLEARLY):

1. Applicant's Surname(s) : _____ First name: _____

2. Gender: _____ Date of Birth: Month: _____ Day: _____ Year: _____

3. Place of birth (city & country): _____

4. Country of citizenship: _____ Country of legal residency: _____

5. Permanent Mailing Address: _____

6. Home Telephone Number: _____ Mobile phone: _____

7. Email address: _____

8. Field of study: _____

9. Highest university degree attained _____ Date granted _____

10. Preferred CASA Host Institution (check only one):

Brown University Cornell University Harvard University Johns Hopkins University

Northwestern University University of Pennsylvania Vanderbilt University

11. Date of Intended Arrival to CASA Host Institution:

Month: _____ Day: _____ Year: _____

Date of Intended Departure: Month: _____ Day: _____ Year: _____

12. Do you intend to bring family members?* If yes, please indicate for each family member:

Name	Citizenship	Place & Date of Birth	Relationship to Visitor
_____	_____	_____	_____
_____	_____	_____	_____

*Mandatory health insurance is required for visitor and accompanying family members.

13. If you already have a US Social Security Number please enter it here: _____

**CASA Fellows Program
Application Procedures
Personal Information**

TO BE COMPLETED BY THE BARCELONA GROUP SELECTION COMMITTEE REPRESENTATIVE:

1. CASA Host Institution Destination: _____
Funding Sources: Total of all funds: _____
From Barcelona Group: Housing \$ _____ per month for _____ months
Living stipend \$ _____ per month for _____ months
Airfare \$US: _____ or round-trip economy _____
Other funding: Source: _____ Amount: \$ _____ per month
2. Host Department at CASA Receiving Institution: _____
Liaison: _____

**CASA Fellows Program
Application Procedures**
Research Plan Summary
[Document 1]

Name: _____

Field of Interest: _____

Title of Research Project: _____

IMPORTANT: If you hope to conduct research in the applied sciences (engineering, physics, chemistry, biology, etc.) or any other field that requires access to laboratories or specific technical equipment, please know that your project may be extremely difficult to accommodate. To ensure that your project is possible, please include evidence of support from the prospective CASA host institution faculty with your application material.

If you know of a faculty member at your intended CASA institution whose expertise might be particularly helpful for your research in any field, please provide the faculty member's full name and academic department.

Please summarize your research plan in 2-3 typed paragraphs, explaining objective, methodology and expected contribution to your field of research. Attach your summary to this form.

**CASA Fellows Program
Administrative
Representative Statement**
[Document 2]

I acknowledge that, in addition to the appropriate CASA member institution academic department, I have duly informed by electronic mail the following CASA institutional administrative representative of my interest in conducting a research project with the support of CASA Fellowship funding (**check appropriate box and provide a photocopy of the corresponding electronic message, which should include the title of the research project, intended dates of travel and sponsoring US academic departmental contact**).

Brown University
Kendall Brostuen
kendall_brostuen@brown.edu

Cornell University
Uttiyo Raychaudhuri
uttiyo@cornell.edu

Harvard University
Camila Nardozi
cnardozi@fas.harvard.edu

Johns Hopkins University
LoriCitti
lcitti@jhu.edu

Northwestern University
SaraWalshTully
sara_Walsh@northwestern.edu

University of Pennsylvania
Nigel Cossar
ncossar@upenn.edu

Vanderbilt University
Arik Ohnstad
arik.ohnstad@vanderbilt.edu

CASA applicant's full name (please print)

CASA applicant's signature

Date: _____

**CASA Fellows Program
Application Procedures
Insurance Verification Form**
[Document 3]

CASA Fellows
HEALTH INSURANCE VERIFICATION FORM

Please complete, sign and return this form up to 30 days prior to arrival at the CASA Host Institution and send to:

Juan José Romero Marin, Director
The Consortium for Advanced Studies in Barcelona
Gran Via, 582 (2 planta)
08011 Barcelona

Email: Juanjo@barcelona.casa.education

NOTE: All CASA Fellows are **required** to carry Medical Insurance coverage for themselves and any accompanying spouse and minor children on J visas. At a minimum, insurance coverage shall include: 1) Medical benefits of at least \$50,000 per person per accident or illness. 2) Repatriation of remains in the amount of \$7,500. 3) Expenses associated with medical evacuation in the amount of \$10,000.

CASA Fellows can either contract the Health Insurance suggested by the US host university or contract it through the insurance providers of the home university under the minimum insurance coverage stated above.

PART 1: Visitor Information.

Name: _____
Surname (s) First Middle

Local Mailing Address: _____

PART 2: Policy Information.

Insurance Company: _____

Name of Policy Holder

Policy number

**CASA Fellows Program
Application Procedures**
Insurance Verification Form
[Document 3]

Contact Information of Policy Provider: _____

Please verify the dates for which your coverage is effective;

From _____ **To** _____

PART 3: Spouse and Dependent information.

Name: _____
Surname (s) First Middle

Insurance Company: _____

Effective date: _____ End date: _____

I hereby certify that this coverage will be in effect during the full length of my stay in the U.S.

Print name

Signature

Please note: All visiting fellows must have Health Insurance effective for the entire period of their stay in the U.S. prior to departure from their home country. If your current insurance policy does not provide coverage while in the U.S., see the list below.

Suggested Provider Information:

www.isoa.org – International Student Organization

www.compassbenefit.com – Compass Benefits Group

www.StudentBenefitsInternational.org – HTH Worldwide Insurance services

www.travelinsure.com – Study USA-Healthcare

www.unipsa.com – UNIPSA, Correduría de Seguros, Grupo Banca March

www.gdsseguros.com – GDS, Correduría de Seguros, La Caixa Grupo asegurador

www.aceeurope.es – ACE Europe

Under the new regulations, the State Department requires that J-1 sponsors verify that J-1 exchange visitors have sufficient English fluency.