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United States
Department of
Agriculture

Foreign
Agricultural
Service

1400 Independence
Ave, SW
STOP 1085
Washington, DC
20250-1085

**UNITED STATES DEPARTMENT OF AGRICULTURE
SCIENTIFIC EXCHANGES PROGRAM
Women in Sustainable Food Systems
Application Deadline: June 9, 2024**

Background:

The Scientific Exchanges Program (SEP) supports USDA's agricultural research goals of promoting collaborative programs among agricultural professionals of eligible countries, agricultural professionals of the United States, the international agricultural research system, and U.S. entities conducting research. SEP is implemented by USDA's Foreign Agricultural Service, Global Programs, Fellowship Programs.

The SEP leverages the latest developments in cross-cutting agricultural science priorities, and advances in research and technologies to train a new generation of agricultural scientists in trade, trade policy, trade capacity building, and food security. The collaborative nature of the SEP training and research programs benefits multiple parties: fellows, their home institutions and partner countries; the U.S. host institutions, their faculty, researchers, and students; and the global agricultural sectors, by improving agricultural productivity, ecosystems health, and food security in partnering nations through the transfer of the latest science and technologies.

The program is specifically intended for applicants from Africa to travel to a U.S. based institution for a 12-week research residency program in the thematic area of Women in Sustainable Food Systems. The Fellowship Program is anticipated to start in September 2024.

Fellowship Program Objectives:

The goal of this Scientific Exchanges Program is to (1) promote the mentorship and leadership role of women researchers and scientists in food systems and, (2) that strengthen the science and evidence-base for the role and needs of women in food systems, including as it relates to climate change.

Length of Fellowships:

Fellowships last between 11-12 weeks. All program proposals must include goals that are achievable within that timeframe. After completing the U.S.-based portion of the fellowship, the mentor will visit the Fellow's home institution approximately one year after the U.S. portion of the training.

The Fellowship is fully funded with all expenses paid including international and domestic travel to the U.S., J-1 visiting scholar visa application fee, health insurance in the U.S., lodging, and per diem. Fellowship does not pay for salary or fringe benefits, nor does it pay any personal expenses or research projects in the fellows' home countries upon return.

Eligibility Requirements:

Candidates should: (1) represent the gamut of food systems research across the three pillars of sustainability (social, environmental, and economic), and (2) have a focus in their research on the role of

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women and women's empowerment, and the needs of women and children, in food system transformation.

Candidates will be evaluated, interviewed, and selected based on the following criteria:

- Must be a citizen of and currently reside in either Algeria, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cote d'Ivoire, Ghana, The Gambia, Kenya, Malawi, Morocco, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tanzania, Togo, Tunisia, Uganda, Zambia, and Zimbabwe.
- Excellent comprehension of the English language (reading, writing, and speaking).
- Master's degree or higher with at least minimum two years of practical experience.
- Currently employed by a government entity, university, research institution, or other scientific institution in the eligible countries.
- Intention to continue working in home country for a minimum of two years following their return from the United States.
- Early/mid-stage of professional career (2-10 years of experience preferred; candidates with more than 15 years of experience are weakly competitive; candidates with 20 years or more experience will not be considered).
- Proposal directly related to one of the listed research areas.

The application deadline for this 2024 Scientific Exchanges Program is on June 9, 2024 11:59PM (EST).

Application Requirements:

- Application form completed and signed (Provided)
- Signed approval from applicant's home institution (Section XIV of Application)
- Two letters of recommendation (academic and professional preferred)
- Copies of diploma(s) for college/university degree(s) received
- Copy of valid passport identification page at the time of applying

Contact Information:

To request an application or for questions related to the application process, please contact:

Alexandra Koran, International Program Specialist (Alexandra.Koran@usda.gov)

Joyce West, International Program Specialist (Joyce.West@usda.gov)

Office of Agricultural Affairs

United States Embassy

agalgers@usda.gov (Algeria)

agaddisababa@usda.gov (South Sudan)

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agacora@usda.gov (Cote d'Ivoire, Ghana, Sierra Leone, Togo)
agnairobi@usda.gov (Burundi, Kenya, Malawi, Rwanda, Tanzania, Uganda)
agrabat@usda.gov (Morocco)
aglagos@usda.gov (Benin, Cameroon, Nigeria)
agdakar@usda.gov (Burkina Faso, The Gambia, Niger, Senegal)
agpretoria@usda.gov (Botswana, Mozambique, Zambia, Zimbabwe, South Africa)
agtunis@usda.gov (Tunisia)

Submit applications by email to

- **Alexandra Koran at (Alexandra.Koran@usda.gov)**
- **Joyce West at (Joyce.West@usda.gov)**

Applications must be received on or before **11:59PM EST June 9, 2024**. When submitting your application, please add **"Potential SEP Fellow: Women in Sustainable Food Systems"** in the subject line.

Interviews with applicants are tentatively scheduled to take place in June 2024.

Should you have any questions concerning the program please contact:

Alexandra Koran, International Program Specialist
Scientific Exchanges, Fellowship Programs, Global Programs
Foreign Agricultural Service, USDA
1400 Independence Ave, SW
Washington, DC 20250
Alexandra.Koran@usda.gov

Joyce West, International Program Specialist
Scientific Exchanges, Fellowship Programs, Global Programs
Foreign Agricultural Service, USDA
1400 Independence Ave, SW
Washington, DC 20250
Joyce.West@usda.gov



Fellowship and Exchange Program Application

Application form and all attachments must be typed in English

This document serves as a universal application for the Borlaug Fellowship Program, Scientific Exchanges Program, and Faculty Exchange Program. Prior to beginning this application, review the qualifications and eligibility for each program and select which program is most suited to your research interests. See program announcements for the Fellowship Program's focus area by country.

All sections of the application must be completed according to the fellowship program for which you are applying. See below for requirements by program. Please include a copy of your passport with your application.

Table of Contents

General Information

- I. Personal Information
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Professional Reference Letters

Conditions of Training

Applicant Certification

Photo Consent/Release

Application Requirements by Program

Please indicate the program most suited to your interests and eligibility.

Complete all necessary sections of the application according to the outline below.

Borlaug Fellowship Program

- Sections I-XIV
- Professional Reference (2)
- Conditions of Training
- Applicant Certification
- Photo Consent/Release
- Passport Copy

Scientific Exchanges Program

- Sections I-XIV
- Professional Reference (2)
- Conditions of Training
- Applicant Certification
- Photo Consent/Release
- Passport Copy

Faculty Exchange Program

- Sections I-XI
- Section XV
- Teaching Experience
- Department Head Questionnaire
- University Letter of Commitment
- Professional Reference (2)
- Conditions of Training
- Applicant Certification
- Photo Consent/Release
- Passport Copy

General Information

I. Personal Information

Last Name (Surname)	Click or tap here to enter text.
First Name	Click or tap here to enter text.
Middle Name(s)	Click or tap here to enter text.
Nationality	Click or tap here to enter text.
Gender	Click or tap here to enter text.
Home Mailing Address	Click or tap here to enter text.
Personal Email Address	Personal Email
Work Email Address	Work Email
Work Phone (Include country /local area codes)	Click or tap here to enter text.
Home/Mobile Phone (Include country / local area codes)	Home/Mobile Phone
Date of Birth	Click or tap here to enter text.
Country of Birth	Click or tap here to enter text.
Country Issuing Passport	Click or tap here to enter text.
Emergency Contact Name	Click or tap here to enter text.
Emergency Contact Phone (Include country / local area codes)	Click or tap here to enter text.
Emergency Contact Email	Click or tap here to enter text.
Countries of citizenship	Click or tap here to enter text.
If yes, please indicate which country or countries:	Click or tap here to enter text.

II. Proposed Topic Summary

In one sentence, please summarize your proposed research topic. You will have an opportunity to expand on your proposal details in Sections XII and XIII.

Click or tap here to enter text.

III. Education

Please list each college or university you have been enrolled in, beginning with the most recent.

Name of Institution and Country	Major Field of Study	Dates Attended (MM/YY-MM/YY)	Degree Earned	Date Completed (MM/YY)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

IV. Technical / Professional Training or Courses

Please list each relevant technical / professional training or courses you have completed, beginning with the most recent.

Name of Training or Course	Dates Attended (MM/YY-MM/YY)	Language of Instruction	Country of Instruction
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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V. Language Skills

Language (ex. English)	Reading	Writing	Speaking
Click or tap here to enter text.	Select Skill Level	Select Skill Level	Select Skill Level
Click or tap here to enter text.	Select Skill Level	Select Skill Level	Select Skill Level
Click or tap here to enter text.	Select Skill Level	Select Skill Level	Select Skill Level
Click or tap here to enter text.	Select Skill Level	Select Skill Level	Select Skill Level
Click or tap here to enter text.	Select Skill Level	Select Skill Level	Select Skill Level

VI. Current Employment

Organization or Company Name / Department	Click or tap here to enter text.
Mailing Address	Click or tap here to enter text.
Telephone Number	Click or tap here to enter text.
Web Site	Click or tap here to enter text.
Your Position Title	Click or tap here to enter text.
Supervisor's Name / Position Title / Department	Click or tap here to enter text.
Supervisor's E-mail Address	Click or tap here to enter text.
Supervisor's Telephone Number	Click or tap here to enter text.
Duties: Please concisely describe your current job-related responsibilities and accomplishments	Click or tap here to enter text.
Dates of Employment	Click or tap here to enter text.

VII. Previous Employment

Please indicate the number of positions you have had in the past 10 years: Choose an item.
Please list those positions below, beginning with the most recent:

Previous Job #1

Organization or Company Name / Department	Click or tap here to enter text.		
Mailing Address	Click or tap here to enter text.		
Telephone Number	Click or tap here to enter text.		
Web Site	Click or tap here to enter text.		
Your Position Title	Click or tap here to enter text.		
Supervisor's Name / Position Title / Department	Click or tap here to enter text.		
Supervisor's E-mail Address	Click or tap here to enter text.		
Supervisor's Telephone Number	Click or tap here to enter text.		
Duties: Please concisely describe your previous job-related responsibilities and accomplishments	Click or tap here to enter text.		
Dates of Employment	Click or tap here to enter text.		
Reason for leaving	Click or tap here to enter text.		

Previous Job #2

Organization or Company Name / Department	Click or tap here to enter text.		
Mailing Address	Click or tap here to enter text.		
Telephone Number	Click or tap here to enter text.		
Web Site	Click or tap here to enter text.		
Your Position Title	Click or tap here to enter text.		
Supervisor's Name / Position Title / Department	Click or tap here to enter text.		
Supervisor's E-mail Address	Click or tap here to enter text.		
Supervisor's Telephone Number	Click or tap here to enter text.		
Duties: Please concisely describe your previous job-related responsibilities and accomplishments	Click or tap here to enter text.		
Dates of Employment	Click or tap here to enter text.		
Reason for leaving	Click or tap here to enter text.		

VIII. Previous FAS Fellowship or Exchange Program

Please list any FAS-funded Fellowship or Exchange Program in which you have previously participated.

Fellowship or Exchange Program	Project Title	Description	Dates Participated
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

IX. Professional Contacts in the United States

Please list any professional contacts you have in the United States.

Name	University/Organization	Email Address	Phone Number
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

X. Awards, Honors, Scholarships

Award Type / Title	Description	Date Received	Awarding Institution
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

XI. Professional Publications

Beginning with the most recent publication, please list your professional publications below.

Journal Articles:

Click or tap here to enter text.

Conference Proceedings (Selected):

Click or tap here to enter text.

XII. Research Proposal

Please answer the following questions in the space provided.

1. Identify your specific research objective(s).
Click or tap here to enter text.
2. Provide background information on your research, using terms someone unfamiliar with your scientific field will understand.
Click or tap here to enter text.
3. Describe what you hope to accomplish during your fellowship or exchange program.
Click or tap here to enter text.
4. How do your research interests and scientific background relate to the goals of your proposal?
Click or tap here to enter text.
5. How will working with a mentor in the United States help you to achieve your research goals?
Click or tap here to enter text.
6. How will this fellowship or exchange program contribute to enhanced agricultural productivity, economic development, and food security in your country?
Click or tap here to enter text.
7. Describe previous leadership and communication experience, especially in relation to policy and procedure amongst peers, decision-makers, policy developers, and the public.
Click or tap here to enter text.
8. What role will you have in policy change in relation to your research?
Click or tap here to enter text.
9. Are you currently involved in any committees (e.g., advisory, curriculum reform, policy, university, private institutions, or ministry committees)?
Click or tap here to enter text.

Borlaug Fellowship Program and Scientific Exchanges Program Applicants Only

XIII. Research Action Plan

Assuming a 12-week research program, provide a weekly plan of proposed research activities and planned outcomes to be accomplished. Your research plan should support your research goals and objectives. We recognize that this plan may change but encourage you to be as specific as possible. Note any special materials and/or requirements needed to support your research. Provide a weekly list of activities that links to your proposal's goals and objectives. (1000-word limit)

Week #	Work Subject	Summary	Materials needed
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			

Week 6				
Week 7				
Week 8				
Week 9				
Week 10				
Week 11				
Week 12				

Borlaug Fellowship Program and Scientific Exchanges Program Applicants Only

XIV. Approval of Home Institution

I certify that Click or tap here to enter text. is a staff member at Click or tap here to enter text. and is under my supervision. I agree to his/her application to the Choose an item. and understand that, if selected, the candidate must be available to spend up to 12 weeks in the United States. I also understand that he/she may participate in a follow-up activity in his/her country in roughly 6-12 months following the completing of the training, if applicable.

USDA's Borlaug Fellowship Program and the Scientific Exchanges Program promotes food security and economic growth in eligible countries by educating a new generation of agricultural scientists, increasing scientific knowledge and collaborative research to improve agricultural productivity, and extending that knowledge to users and intermediaries in the marketplace. Applicants are eligible to participate if currently employed by a university, government, research institution and/or other institution with the intent to continue working in their home country for a minimum of two years following the return from the United States.

I anticipate that this applicant will be employed by my institution and working for at least two years following the completion of his/her Fellowship Program.

Click or tap here to enter text.
Name of Authorized Institutional Representative

Click or tap here to enter text.
Position Title

Signature of Authorized Institutional Representative

Date

Faculty Exchange Program Applicants Only

XV. Faculty Exchange Program Additional Information

USDA's Faculty Exchange Program assists developing countries in improving their university agricultural education, research, and extension programs by providing a one semester training program at U.S. Land Grant Agricultural Universities. Participants better their technical knowledge in their subject area, learn new teaching methods through class observation, and new research methods through experience in the lab, short courses, and/or one-on-one instruction. Please answer these additional questions about teaching experience below to address the agricultural education experience requirements.

Teaching Experience

1. What is your agriculture and life science teaching experience? (Describe any courses and adult education programs)
Click or tap here to enter text.
2. What agriculture and life science courses or adult education programs do you expect to teach in the future?
Click or tap here to enter text.
3. What two agriculture and life science courses do you wish to revise or create during the program?
Click or tap here to enter text.
4. Regarding curriculum or teaching, what specifically would you like to focus upon while in the United States?
Click or tap here to enter text.

**Faculty Exchange Program Applicants Only
Department Head Questionnaire**

Dear Department Head:

1. What are the professional strengths of this applicant?
Click or tap here to enter text.
2. How would this applicant's participation be advantageous to your department?
Click or tap here to enter text.
3. Within the identified topics, what elements do you wish the applicant to focus on while they are in the United States?
Click or tap here to enter text.
4. What aspects of curricula development do you want the applicant to focus upon while they are in the United States?
Click or tap here to enter text.

Click or tap here to enter text.

Name of Department Head

Click or tap here to enter text.

Position Title

Signature of Department Head

Date

Faculty Exchange Program Applicants Only

Approval of Home Institution

Enter University Name here.

If selected by the United States Department of Agriculture, the university administrators who sign below commit themselves to releasing Click or tap here to enter text. to travel to the United States to participate in the Faculty Exchange Program. Participation in the program requires the applicant to be available to spend one full semester in the United States and participate in a follow-up activity in his/her country about 3-9 months after the conclusion of the U.S.-based program.

The university administration authorizes the participant to bring copies of the university's curricula, course outlines, and teaching materials to the United States to be used by the participant for review, study, and comparison.

The university understands and accepts that the participant will develop proposals and suggest changes that they believe will improve this university's curricula, courses, and teaching methods.

The university administration agrees to consider in good faith proposals for change and to create opportunities for returning participants to share these ideas with other instructors at the university.

Click or tap here to enter text.

Name of President or Dean

Click or tap here to enter text.

Position Title

Signature of President or Dean

Date

Click or tap here to enter text.

Name of Department Head

Click or tap here to enter text.

Position Title

Signature of Department Head

Date

All Fellowship and Exchange Programs
Professional Contact Reference Letter

Please respond to the following questions in the space provided.

1. What is the applicant's relationship to you? How many years have you known the applicant and in what capacity?
Click or tap here to enter text.
2. What are the professional strengths of the applicant? Where are the applicant's opportunities to improve? How will this program help the applicant solidify strengths and achieve improvements?
Click or tap here to enter text.
3. Please provide examples of the leadership and communication skills of the applicant.
Click or tap here to enter text.
4. Describe the applicant's willingness and ability to implement change amongst peers, policy developers, and the public.
Click or tap here to enter text.
5. How will participation in this fellowship or exchange program assist the applicant in achieving enhanced agricultural productivity in their country of representation?
Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Name of Reference

Position Title

Signature of Reference

Date

All Fellowship and Exchange Programs

Professional Contact Reference Letter

Please respond to the following questions in the space provided.

1. What is the applicant's relationship to you? How many years have you known the applicant and in what capacity?
Click or tap here to enter text.
2. What are the professional strengths and weaknesses of the applicant? How will this program help the applicant solidify strengths and improve weaknesses?
Click or tap here to enter text.
3. Please provide examples of the leadership and communication skills of the applicant.
Click or tap here to enter text.
4. Describe the applicant's willingness and ability to implement change amongst peers, policy developers, and the public.
Click or tap here to enter text.
5. How will participation in this fellowship or exchange program assist the applicant in achieving enhanced agricultural productivity in their country of representation?
Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Name of Reference

Position Title

Signature of Reference

Date

All Fellowship and Exchange Programs

Conditions of Training

Full Name of Applicant: Click or tap here to enter text.

If I am accepted to receive technical training under a U.S. Department of Agriculture (USDA) Fellowship or Exchange Program, I agree to adhere to my arranged program, to devote my time and attention to my research and/or practical training, and to conform to the USDA Fellowship or Exchange Program regulations and procedures for the duration of my fellowship or exchange program. I will not seek extension of the period of my program, and I will return to my country immediately upon completion of my program. I understand that I must fulfill the two-year home residency requirement of the J-1 visa. I agree to conform to all laws of the United States.

Furthermore, I certify that I understand and agree with the following policies of the Fellowship or Exchange Programs:

Dependents:

USDA cannot permit dependents to accompany a Fellow during the research program. USDA defines dependents as children under the age of 21 and spouses.

Conditions for Termination of Research Programs:

USDA reserves the right to terminate the research program of those participants who:

- A. Change the course of study without authorization from USDA.
- B. Fail to show sufficient interest in or to effectively pursue their research program.
- C. Fail to notify USDA of significant medical issues that could impact program.
- D. Conduct themselves in a manner prejudicial to the program or to the laws of the United States.
- E. Fail to disclose plans to marry or extend stay in the United States.
- F. Obtain employment in the United States without prior notification to USDA.
- G. Falsify information on the application and/or supporting documents in any way.

Financial Support:

The applicant is aware that the financial support provided by the Fellowship or Exchange Program is for travel, training fees, emergency medical insurance, lodging, and food only. The daily maintenance allowance is adequate for meals and incidental expenses, and it will be the only direct financial support provided to the Fellow.

Health and Insurance:

Before arriving in the United States, each participant is required to have a physical examination to determine that the participant is in good health. Proof of medical fitness (a signed letter from a licensed medical doctor within 2 months of the program start date) is required before you will be allowed to travel to the United States as a participant.

The insurance provided to the participant while in the United States will cover only emergency medical care and does not cover treatment of pre-existing conditions, prescriptions, dental, or optical treatment. Additionally, the participant must pay the first \$100.00 USD of the total cost in medical expenses for each occurrence. By signing below, the participant certifies agreement to and understanding that USDA and its training providers are not responsible for any costs related to medical care.

Debts and Obligations:

The participant will be responsible for all debts and financial obligations incurred while in the United States.

I understand and agree to the above terms and conditions.

Click or tap here to enter text.

Name of Applicant

Signature of Applicant

Date

**All Fellowship and Exchange Programs
Applicant Certification**

Signature indicates:

1. All information provided on this application form is true to the best of my knowledge.
2. I understand that any willful misstatement may lead to disqualification and/or revocation of the fellowship or exchange.
3. I have no known, established, and/or expected business, employment, or other commitments that would prevent me from completing the fellowship or exchange if I am selected.

Click or tap here to enter text.

Name of Applicant

Signature of Applicant

Date

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All Fellowship and Exchange Programs

PHOTO CONSENT/RELEASE

I hereby consent to the royalty-free use by the United States Department of Agriculture (USDA) of photograph(s) taken of me by employees/representatives of the USDA Office of Communications, Photography Services Division, and of any reproduction of the photograph(s) in any form, in any media, for any purpose in connection with USDA, world-wide, free and clear of any claim whatsoever on my part.

I also consent to the use with the photograph(s) of my name and any comments I may have made at the time of the photograph(s), including the editing thereof.

Furthermore, I understand that this consent includes consent to USDA to use the photograph(s) with or without my name and any comments, for educational, promotional, and outreach purposes, and to use alone or in conjunction with other types of material, including use on the Internet and other means of public display.

I hereby release the United States, its officers, and employees from liability for any violation of any right I may have in connection with the foregoing use.

I hereby waive any right of inspection or approval of the photograph(s) or of the use that may be made of the photograph(s), my name, and my comment(s).

I am of legal age.

Applicant Signature _____ Date _____

(Please Print)

Name Click or tap here to enter text.

Telephone Click or tap here to enter text.

Address Click or tap here to enter text.