

Caffera Marcelo, Federico
Name (Last First, Middle)

28. Home Mailing Address

Address: Diaz de Solis M297 S2 El Pinar
street city
Canelones M297 S2 15008
province/state country postal code
Email: marcaffera@um.edu.uy Phone: 59826987858 Fax: _____

29. Emergency Contact Information

Family name: Gonzalez First: Monica Middle: Noemi
Address: Juan Díaz de Solís - M297 S2 El Pinar
street city
Canelones Uruguay 15008
province/state country postal code
Email: monnoem@gmail.com Phone: 598095715522 Fax: _____

30. Marital Status: MARRIED

31. Names of dependents: (Not applicable for Iraq/MENA S&T applicants.)

Dependent One: Relationship to you _____ Length of stay in the US: _____
Family name: _____ First: _____ Middle: _____
Date of Birth: _____ 10. Place of birth: _____
city country
Country of Citizenship: _____ Country of Residence: _____

Dependent Two: Relationship to you _____ Length of stay in the US: _____
Family name: _____ First: _____ Middle: _____
Date of Birth: _____ 10. Place of birth: _____
city country
Country of Citizenship: _____ Country of Residence: _____

Dependent Three: Relationship to you _____ Length of stay in the US: _____
Family name: _____ First: _____ Middle: _____
Date of Birth: _____ 10. Place of birth: _____
city country
Country of Citizenship: _____ Country of Residence: _____

Dependent Four: Relationship to you _____ Length of stay in the US: _____
Family name: _____ First: _____ Middle: _____
Date of Birth: _____ 10. Place of birth: _____
city country
Country of Citizenship: _____ Country of Residence: _____

Dependent Five: Relationship to you _____ Length of stay in the US: _____
Family name: _____ First: _____ Middle: _____
Date of Birth: _____ 10. Place of birth: _____
city country
Country of Citizenship: _____ Country of Residence: _____

Dependent Six: Relationship to you _____ Length of stay in the US: _____
Family name: _____ First: _____ Middle: _____
Date of Birth: _____ 10. Place of birth: _____
city country
Country of Citizenship: _____ Country of Residence: _____

ONLINE

32. Do you expect to receive sabbatical pay, paid leave of absence or other sources of financial support during your Fulbright grant? Yes No

If you answered Yes, please specify source(s) and amount in U.S. dollars. Please enter total amounts for the expected grant period, rather than monthly amounts.

Sources	Amount
Agencia Nacional de Investigación e Inno	1,000
Universidad de Montevideo	4,000

33. How did you learn about the Fulbright Visiting Scholar Program?

- Friend or Relative
- Fulbright Alumnus
- Poster/Flyer
- University (specify) _____
- Newspaper (specify) _____
- Other Publication (specify) _____
- Fulbright Web site (specify) _____
- Other Web site (specify) _____
- Other (describe) Fulbright local committee

34. How long did you consider applying for a Fulbright Visiting Scholar award before submitting this application? 0-1 year

35. Beyond the reputation of the Fulbright program itself, what were the major factors in helping you decide to apply for a Fulbright Visiting Scholar award?

- Publicity about the program _____
- Advice of a colleague Yes
- Advice of a former Fulbrighter _____
- Time was right in my career Yes
- Other (please describe) _____

36. Physical impairment (please describe, if any):

By my signature below, I certify that to the best of my knowledge, the information provided in all parts of my application is accurate and complete. I understand that final approval of my application is dependent upon my eligibility for a J Visa in the United States. I agree to return to my home country upon the expiration of my authorized stay in the United States.

Signature: Marcelo Caffera

Date: November 29, 2010