



SCHOLAR, FELLOW & GUEST SCHOLAR QUESTIONNAIRE

Please print clearly and complete all applicable questions. If an item does not apply to you, please leave blank. The information requested below is strictly confidential and used for internal purposes only. It will enable us to correctly process your payment, determine your visitor status for tax purposes and apply for any tax exemption treaties on your behalf.

SECTION A – Individual Information

1. Prof./Dr./Mr./Ms./Mrs. _____ 2. Last Name _____ 3. First Name _____ 4. Middle Name _____ 5. Gender: F M X

6. Name at Birth, if different _____ 7. Date of Birth (mm/dd/yyyy) _____ 8. City of Birth _____

9. Country of Birth _____ 10. List all Countries of Citizenship _____ 11. Country of Legal Permanent Residence _____

12. Permanent Residence Address (No P.O. boxes) _____ 13. City _____ 14. State _____ 15. Postal Code _____

16. Home Phone Number _____ 17. Mobile Number _____ 18. Personal E-Mail _____

19. U.S. Address (if any) _____ 20. City _____ 21. State _____ 22. Postal Code _____

23. What will your relationship with the Getty be during your residency?
 Researcher/Intern/Scholar Guest Speaker/Consultant/Independent Contractor Other – please describe: _____

24. What type of payment will you receive from the Getty?
 Grant/Fellowship/Stipend – no services required Travel Other – please specify: _____

25. Indicate & Include U.S. tax identification number (if any).
If you do not have an SSN or ITIN, please proceed to Section B. U.S. Social Security Number (SSN) _____ Individual Tax Identification Number (ITIN) _____

SECTION B – Resident Status (U.S. citizens & permanent residents only need to complete question 1 for this section)

1. My status in the United States will be (mark only one box):
 US Citizen, Permanent Resident, Immigrant (green card holder) Employment Authorization Document (EAD) Applicant
 H-1B Visa Employee, B-1 Visa Business Visitor WB/WT Visa Waiver Program (ESTA)
 J-1 Visa: Professor, Research Scholar, Intern, Short-Term Scholar, or Specialist Canadian Citizen, Other: _____

2. What is your estimated date of arrival to the U.S. related this Getty visit? (mm/dd/yyyy) _____

3. What is your estimated date of departure from the U.S.? (mm/dd/yyyy) _____

4. Do you anticipate being in the U.S. more than 180 days this year? Yes No

5. Passport Number: _____ *Please e-mail a copy of the information page of your passport to osip@getty.edu

6. Please complete if you currently have a visa:
 Current Visa Type _____ Visa Number _____ Issue Date (mm/dd/yyyy) _____ Expiration Date (mm/dd/yyyy) _____

7. Have you attended and/or currently attending a U.S. educational institution? If yes, please provide the following information:

Name of Institution	Period of Attendance
_____	_____
_____	_____

8. Have you been in the U.S. prior to your visit to the Getty? **If yes, please approximate the total number of days physically present in the U.S. for each of the last 7 individual calendar years beginning with the current year.**

Calendar Year	Number of Days	Type of Visa	Visa Category	Calendar Year	Number of Days	Type of Visa	Visa Category
<i>Example:</i> 2016	40	J-1	Trainee	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

ALL APPLICANTS PLEASE SIGN BELOW:

I hereby certify that the information submitted on this form and accompanying documentation is true, correct, and complete to the best of my knowledge. If I receive an extension of my visa status or if my visa/immigration status changes, I will notify the person that requested this form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature _____ Date (mm/dd/yyyy) _____

SECTION C - Additional Information

1. The name you would prefer to have listed on: Getty staff lists, your badge, your log in for Getty network systems and your e-mail. Please type this name below:

First Last

2. At what level do you speak English? Native Speaker Fluent Basic 3. What other languages do you speak? _____

SECTION D - Additional Addresses

1. Office Mailing Address (if any) _____ 2. Name of Institution _____ 3. Office Phone _____

4. City _____ 5. State _____ 6. Postal Code _____ 7. Country _____

8. Non-U.S. Address _____ 9. City _____ 10. State _____ 11. Postal Code _____
If you are not a U.S. citizen or permanent resident but currently living in U.S., please provide an address in your home country of citizenship

12. Non-U.S. Phone _____ 13. Non-U.S. Mobile Number _____ 14. Alternative E-Mail _____

15. Other Address (if any) _____ 16. City _____ 17. State _____ 18. Postal Code _____

19. Preferred Mailing Address: Home Office U.S. Non-U.S. Other

20. If you have any special mailing instructions for the Office of Scholars, Interns and Professionals, please describe your needs below:
Example: "I will be available in the office until June 30. After that time, I will be at my home address."

SECTION E - Current Work Information

1. Field of Study/Specialty: _____

2. Current Position (Enter **ONE** selection and its corresponding number from the list below): _____

115. Professional and Scientists in Central Government	215. University Undergraduate Students	412. Author (Playwright, Poet)
125. Professionals and Scientists in Regional Government	219. University, Others (please specify)	414. Film (or Stage) Producer
135. Professionals and Scientists in City or Town Government	242. Special School, Institute, or Vocational Teacher of Staff	415. Composer or Musician
143. Employee of International Organization	320. Self-Employed Professionals	419. Arts, Other (please specify)
213. University Teaching Staff including Researchers	334. Employee of Independent Institution or Corporation	631. Film Maker
214. University Graduate Students	411. Artist (Graphic Arts)	

SECTION F - Family Information

1. Marital Status: Not Married Married

2. Will any of your family members travel with you to Los Angeles and remain **for most or all of your stay?** Yes* No
**If yes, please list which family members and their expected length of time below. Then, if applicable, please proceed to sections G and H.*

SECTION G - Family Information – Spouse/Partner Information

If spouse/partner is NOT a U.S. citizen or permanent resident, please e-mail a copy of the passport information page to osip@getty.edu

1. Prof./Dr./Mr./Ms./Mrs. _____ 2. Last Name (Family Name) _____ 3. First Name _____ 4. Middle Name _____ 5. Gender: F M X

2. Date of Birth (month/date/year) _____ 6. City of Birth _____ 7. Country of Birth _____ 8. List of all Countries of Citizenship _____

9. Country of Legal Permanent Residence _____ 10. Passport Number _____ 11. Phone Number _____ 12. E-Mail _____

SECTION H - Family Information - Child/Dependent Information

1. If you have children/dependents, will they travel with you to Los Angeles and remain for the entire stay? Yes* No
 2. *If yes, please let us know the names and information of all children/dependents who will be accompanying you on your trip and complete the following sections below. If child/dependent is NOT a U.S. citizen or permanent resident, please e-mail a copy of the passport information page to osip@getty.edu.

Child/Dependent #1

1. Last Name (Family Name) _____ 2. First Name _____ 3. Middle Name _____ 4. Gender: F M X

5. Date of Birth (month/date/year) _____ 6. City of Birth _____ 7. Country of Birth _____ 8. List of all Countries of Citizenship _____

9. Country of Legal Permanent Residence _____ 10. Passport Number _____ 11. E-Mail _____

12. Will your child/dependent need to be enrolled in school? Yes* No * If yes, please complete the following section.
 Pre-School (age 2 – 4) Elementary (age 5 – 10) Middle School (age 11 – 14) High School (age 15 – 18)

Child/Dependent #2

1. Last Name (Family Name) _____ 2. First Name _____ 3. Middle Name _____ 4. Gender: F M X

5. Date of Birth (month/date/year) _____ 6. City of Birth _____ 7. Country of Birth _____ 8. List of all Countries of Citizenship _____

9. Country of Legal Permanent Residence _____ 10. Passport Number _____ 11. E-Mail _____

12. Will your child/dependent need to be enrolled in school? Yes* No * If yes, please complete the following section.
 Pre-School (age 2 – 4) Elementary (age 5 – 10) Middle School (age 11 – 14) High School (age 15 – 18)

Child/Dependent #3

1. Last Name (Family Name) _____ 2. First Name _____ 3. Middle Name _____ 4. Gender: F M X

5. Date of Birth (month/date/year) _____ 6. City of Birth _____ 7. Country of Birth _____ 8. List of all Countries of Citizenship _____

9. Country of Legal Permanent Residence _____ 10. Passport Number _____ 11. E-Mail _____

12. Will your child/dependent need to be enrolled in school? Yes* No * If yes, please complete the following section.
 Pre-School (age 2 – 4) Elementary (age 5 – 10) Middle School (age 11 – 14) High School (age 15 – 18)

SECTION I – REQUIRED for non-U.S. Residents/International Scholars, Interns and Professionals

1. Will you receive government/other funding for this fellowship? Yes* No *If yes, please specify amount and the name(s) of the funding resource(s)
 2. Please specify: _____
 The total amount you will receive Name of funding organization/government agencies

SECTION J - Emergency Contact Information

 Name Phone Number Alternate Phone Number E-Mail

 Name Phone Number Alternate Phone Number E-Mail

SECTION K - Personal Information Release – not required

I authorized the Getty to release the information related to my activities and circumstances at the Getty, to the individuals listed below:

Name: _____ Relationship: _____ Name: _____ Relationship: _____

SECTION L - Housing/Medical Needs

Do you, or anyone else staying at Getty Scholar Housing with you...
 Will you have a car at the Getty? Yes No



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Will you be driving an electric vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
have difficulty climbing stairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
have any known environmental or pet allergies? <i>*If yes, please describe allergy or allergies below.</i>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<hr/>		
have any special medical needs? <i>* If yes, please describe special medical needs below.</i>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<hr/>		
expect to have a baby before your arrival at the Getty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
plan to bring a pet? <i>*If yes, please specify type of pet and name</i>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
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NON-U.S. RESIDENT ONLY, PLEASE E-MAIL THE INFORMATION PAGE OF EACH RELEVANT PASSPORT TO OSIP@GETTY.EDU

ALL APPLICANTS PLEASE SIGN BELOW:

<p>Use of Likeness In consideration of participation in Getty-related activities, I hereby agree and consent that biographical information, photographs, video and audio recordings of me, my voice, likeness, and appearance created by representatives of the Getty may be distributed and used by the Getty for performance, publication, reproduction or any other lawful purpose in any media now known or hereinafter devised.</p>		
_____	_____	_____
Signature	Print Name	Date (mm/dd/yyyy)