



**MINISTRY OF NATIONAL EDUCATION  
THE GOVERNMENT OF THE REPUBLIC OF INDONESIA**  
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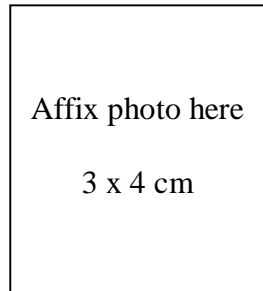
**APPLICATION FORM  
SCHOLARSHIP FOR NON-DEGREE PROGRAMS**

**INSTRUCTIONS**

Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions. If you need more space, attach additional pages of the same size. Submit the completed form, duly signed, in three copies to the Indonesian Embassy/Diplomatic Representative in your country.

**A. PERSONAL DETAILS**

1. a. Family name : \_\_\_\_\_  
b. First name : \_\_\_\_\_
2. Date of birth : \_\_\_\_\_
3. Place of birth : \_\_\_\_\_
4. Male/Female : \_\_\_\_\_
5. Nationality : \_\_\_\_\_
6. Religion : \_\_\_\_\_
7. Paspor Number : \_\_\_\_\_ Validity of: \_\_\_\_\_
8. a. Marital status : `` Single `` Married
- b. Do you have a husband/wife or any dependents?  
(Please give details of name, relationship and date of birth)



NO	NAME	RELATIONSHIP	AGE

9. a. Employment (present)

_____	_____
_____	_____
_____	_____

b. Name and address of organization :

\_\_\_\_\_

\_\_\_\_\_

10. Person to be notified in Indonesia and in your country in case of emergency :

In Indonesia:	In you country:
Name:	Name:
Address:	Address:
Relationship:	Relationship:

**B. EDUCATION**

<b>Name and Location of Institution</b>	<b>Subject of Study</b>	<b>Dates</b>	<b>Qualifications Obtained</b>

**C. LANGUAGE: State proficiency Good-Fair-Elementary**

	<b>Indonesian</b>	<b>English</b>	<b>Others</b>
<b>Speaking</b>			
<b>Understanding</b>			
<b>Writing</b>			



**E. EMPLOYMENT DETAILS**

<b>Years</b>	<b>Description of Occupation</b>	<b>Employer</b>

**F. MISCELLANIOUS**

List membership of professional societies and activities or public

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List any significant publication you have written (do not attach)

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Have you applied for any other scholarship                      Yes                      No

Subject                      \_\_\_\_\_

Organization                      \_\_\_\_\_

Period from                      \_\_\_\_\_

Travel (list period spent away from your home country)

Country visited	Reason for visit or residence abroad	Dates
_____	_____	_____
_____	_____	_____

**G. OTHERS**

Experience abroad

No	Country	Purpose	Year

## H. DECLARATION

If accepted for the scholarship, I agree:

- § to abide by rules of the university or college
- § to refrain myself from political activities or any form of employment for profit or gain
- § to refrain myself from being pregnant and being involved in drug traffic and abuses

I certify that the statement I have made in response to the foregoing questions are true, completed and correct to the best of my knowledge.

Date

Signature

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