

GRADUATE SCHOLARSHIP PROGRAM APPLICATION FORM



1. PERSONAL INFORMATION

Full Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place / Date of Birth	/	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Mailing Address	City: Postal Code:	Permanent Address	City: Postal Code:
Current Phone / Fax	/	Permanent Phone / Fax	/
E-mail		Mobile Phone Number	/
Are you an Indonesian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID (KTP / Passport) No.	Expiry date:

2. SCHOLARSHIP APPLIED

Scholarship Program you are applying for	<input type="checkbox"/> Master Degree <input type="checkbox"/> Doctoral Degree Name of Program : Name of Schools :
Have you been admitted at your choice of Program? * (if yes please provide the admission letter)	<input type="checkbox"/> No <input type="checkbox"/> Yes ; for the academic year :

3. ENGLISH APTITUDE LEVEL

English & Academic Aptitude Test	Score	Place of Test	Date of Test
TOEFL/IELTS * Please check on the selected test <input type="checkbox"/> Paper Based Test <input type="checkbox"/> Computer Based Test <input type="checkbox"/> Internet Based Test			

4. EDUCATION BACKGROUND

Please provide names, location and period of study of universities, colleges, and high schools which you have attended. Start the list from the most recent school.

Name of Institution	Location	Start Date	End Date	Qualification Obtained	Subject / Field of Study	GPA

5. EXTRA CURRICULAR ACTIVITIES

Please indicate any extra - curricular activities or organizations you are participating or have participated in. Start the list from the most recent involvement. Add additional sheets if necessary.

Name of Organization	Location	Start Date	End Date	Position Held	Activity	Reference

6. EMPLOYMENT HISTORY

Please indicate your full-time and/or part-time employment; briefly explain duties and responsibilities (beginning with your most recent job). For part-time employment, indicate number of working hours per week. Add additional sheets if necessary.

Name of Company		Term of Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of Business		Period of Employment	to
Last Position		Salary per month	
Description of Duties & Responsibilities			
Achievement			

Name of Company		Term of Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of Business		Period of Employment	to
Last Position		Salary per month	
Description of Duties & Responsibilities			
Achievement			

7. SPECIAL RECOGNITIONS / AWARDS / ACHIEVEMENTS

Please indicate any **special recognition, award or achievement**. Provide brief explanation. Start the list from the most recent one noting the year of award. Add additional sheets if necessary.

Name of Institution	Period of Award	Description of Award

8. SIGNIFICANT REPORTS AND PUBLICATIONS

Please indicate your written works and/or publications in the past. This may include seminar and conference papers, research articles, thesis (published/unpublished) or any form of publicly available materials.

Name of Institution	Type of Publication	Description of Publication

9. FINANCIAL STATUS

Where do you currently live?	<input type="checkbox"/> Own house <input type="checkbox"/> With parent(s) <input type="checkbox"/> With relatives <input type="checkbox"/> Rent/ boarding house <input type="checkbox"/> Apartment <input type="checkbox"/> Others: _____	Do you have responsibilities to financially support your Family?	<input type="checkbox"/> No <input type="checkbox"/> Yes
		Monthly Income (Nett)	Rp.
		Estimated monthly living expenses	Rp.
Electricity bill / month	Rp.	Boarding cost (Kos) / month	Rp.
Please check which vehicle(s) you own		<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____	

10. FAMILY HISTORY

FATHER's Name		MOTHER's Name	
Date of Birth		Date of Birth	
Contact Address		Contact Address	
Tel. / HP		Tel. / HP	
Latest Education	<input type="checkbox"/> High School or lower <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other, please specify	Latest Education	<input type="checkbox"/> High School or lower <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other, please specify
	Name of education institution:		Name of education institution:
	Location of education institution:		Location of education institution:
Status	<input type="checkbox"/> Alive <input type="checkbox"/> Passed away <input type="checkbox"/> Working <input type="checkbox"/> Not Working Name of latest company/employer:	Status	<input type="checkbox"/> Alive <input type="checkbox"/> Passed away <input type="checkbox"/> Working <input type="checkbox"/> Not Working Name of latest company/employer:
	Latest Nett. income / month: Rp.		Latest Nett. Income / month: Rp.

Sibling's name	Age	Latest Education (High school or lower, S1, S2)	Name of Institution	Location of Institution	Current Occupation	Name of Company/Employer

Complete if the following section is relevant

SPOUSE's Name	
Age	
Address	
Tel. / HP	
Latest Education	<input type="checkbox"/> High School or lower <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other, please specify
	Name of education institution:
	Location of education institution:
Status	<input type="checkbox"/> Working <input type="checkbox"/> Not Working Name of company/employer:
	Nett. Income / month (if working) Rp.

11. PERSONAL STATEMENTS

On separate sheet(s) of paper please briefly answer the following questions *in English* (not more than 500 words for each question). Please make sure you send them with your completed Application Form.

1. Briefly outline your future career plan in 5 – 10 years and explain how this Master's degree will contribute to the success of your career?
2. Why should you receive the Ancora Foundation Graduate Scholarship Program?
3. In which profession or industry sectors do you think Indonesia needs the most improvement? Why and what can be done to improve it? If it is different from your choice of career, why?
4. If you are granted the Ancora Foundation Graduate Scholarship Program, please describe how you can contribute to the development of Indonesia.
5. What would be your plan if you are not accepted as the Ancora Foundation Graduate Scholarship Program?

Statutory Declaration:

I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. I understand that submitting false information will automatically disqualify me from any consideration for the grant of Ancora Foundation Graduate Scholarship Program. I understand that all decisions become fully right from Ancora Foundation and cannot be contested.

I agree that Ancora Foundation may use the enclosed scholarship application and all of the attachments for the purposes of scholarship award evaluation and selection.

DATE: _____

NAME: _____

SIGNATURE: _____