



ENTRY TERM AUGUST 2016
 AUGUST 2017
 AUGUST 2018

PROGRAM APPLYING FOR PRIMARY/ELEMENTARY EDUCATION ENGLISH SECONDARY EDUCATION

NAME AS IT APPEARS ON YOUR PASSPORT _____ PREFERRED NAME _____

HOME ADDRESS FOR MAIL DELIVERY _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

HAND PHONE _____ HOME PHONE _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ GENDER MALE FEMALE

FAMILY DATA (IF APPLICABLE)

FATHER _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

MOTHER _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

SPOUSE _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

SIBLING _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

SIBLING _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

SIBLING _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

SIBLING _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

OTHERS _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

WERE YOU UNDER ANY SCHOLARSHIP/SUPPORT IN HIGH SCHOOL? YES NO

HAVE YOU BEEN PREVIOUSLY EMPLOYED? YES NO

PLEASE LIST BELOW (IF APPLICABLE):

COMPANY _____ JOB TITLE _____ HOURS PER MONTH _____



BRIEFLY EXPLAINED WHY YOU ARE APPLYING FOR THIS NEED-BASED SCHOLARSHIP (USE ADDITIONAL PAGES IF REQUIRED):

PLEASE EXPLAIN ANY OTHER CIRCUMSTANCES REGARDING FINANCIAL NEED THAT YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO KNOW (USE ADDITIONAL PAGES IF REQUIRED):

PLEASE EXPLAIN YOUR FAMILY FINANCIAL BACKGROUND (USE ADDITIONAL PAGES IF REQUIRED):

ADDITIONAL SUPPORTING DOCUMENTS:

- IF YOU HAVE ANY PEOPLE YOU WOULD LIKE US TO CONTACT FOR REFERENCE, PLEASE LIST THEM BELOW:

“BY SIGNING THIS APPLICATION, I CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN IT IS TRUE. I ALSO UNDERSTAND THAT BY APPLYING FOR SCHOLARSHIP ASSISTANCE FROM THE PELITA HARAPAN FOUNDATION, I AM AGREEING TO ALL OF THE CONDITIONS LISTED IN THE SCHOLARSHIP AGREEMENT, INCLUDING BUT NOT LIMITED TO, A TERM OF RECIPROCAL TEACHING IN A SCHOOL CHOSEN BY THE PELITA HARAPAN FOUNDATION.”

SIGNATURE DATE