

dgWW SCHOLARSHIP FUND

e-mail Scholarship Committee in The Netherlands: scdgww@ads.nl

April 2009

APPLICATION FORM

Date: (DMY)

Administered by: (see: www.dgWereldWerk.nl)

The Student Financial Aid Committee (SFAC) for: (the country):

The Student Financial Aid Committee's Secretary Mrs. /Mr.....

Address:

Nr.: Street: City: Province:

Postal code: Country:

Tel:

E-Mail:

Name of the student:

Submission deadline: Application must be received:

April 1st for courses that start in September

August 1st for courses that start in January.

I. GENERAL INFORMATION

1. Download and print this form from the website : www.dgWereldWerk.nl

2. Type or clearly print all information in English using a black or blue ink.

3. A complete form must be sent to SFAC's Committee's Secretary of your country with the following attachments:

- a. Your two recent passport size pictures
- b. Certified (authentic) photocopy of your academic awards (if applicable).
- c. A clearly typed analysis of the anticipated School fee structure.
- d. (For newly admitted Students), a letter of admission
- e. (For enrolled Students), a statement / a letter from the academic office showing your academic performance or cumulative grade point average.

4. A letter of recommendation written by your employer, teacher or congregational pastor or other person who is familiar with your qualification, must be sent directly to the Secretary of the local SFAC of your country.

II. Personal Data (To be filled by the Applicant)

1. Name of Applicant:

_____ (Last, First Middle)

Student ID #: _____ (If Applicable)

2. Address:

Phone number: _____

(Include area code)

Email Address:

3. Sex : Male Female . Marital
Status: _____

4. If married, name of the Spouse: _____

5. Birth Date: (DMY) _____

6. Period requested for Scholarship _____ to _____
(Start month/year) (End month/year)

7. Name and address of the Professional College/ College / University enrolled /admitted.

8. Are you applying or receiving from other organization(s) some study financial aid?

YES NO

9. If YES, give name, address and amount receiving.

10. Did you submit an application form for the dg WW Scholarship Fund before?

YES NO

11. If YES indicate year(s) of application _____

12. Your Educational Background: Primary, Secondary & (Prof.) - College / University

Years	School name	Award ¹	Class / Division/Points ²

13. Work experience up to date

Employer/Organization	Address	Title / Position	Years

14. Studies to be undertaken

Major	Minor (If Any)	Duration	Award on Completion

15. Student financial aid asked for studies to be undertaken

Number of years /terms of Assistance	Years	Terms/Semester
Approximately amount of grant in a half year payment		

¹ Certificate, Diploma, Advanced Diploma, Under- graduate Degree, Master degree, Doctorate

² If applicable

Approximately total amount of scholarship grant	
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Any other comments:

16. Give reason(s) and motivation for Financial Assistance request: (You may attach additional written documentation of circumstances necessitating the application of your scholarship e.g., letter from Physician, Church leader, Employer, Village (Government) leader, School leadership, etc attesting your situation / position.

16. Give the organisation, Place of work after finishing studies

III. CERTIFICATION & CONSENT

I understand and agree that if any application information that I provided or is provided on my behalf is false, misleading or incomplete, I will not be eligible for the scholarship award and that any financial assistance already awarded to me will be revoked.

I understand that if my circumstances change so that I no longer meet the criteria for the award, I must immediately notify the Committee's Secretary of the SFAC concerned and the assistance will be revoked and that as a consequence, the SFAC will inform the Scholarship Committee dgWW.

I give permission to the SFAC and the Scholarship Committee dgWW to disclose to donors and any concerned authorities, my personal information provided in connection to this application for review and application processing.

I agree and submit.

Date

Signature

To be used by THE STUDENT FINANCIAL AID COMMITTEE.

Name of the student:

Approved

Denied

Date _____

Level of Scholarship approved:

Number of years /terms of Assistance	Years	Terms/Semester
Approximately amount of grant in a half year payment		
Approximately total amount of scholarship grant		

Any other comments:

Name SFAC' Secretary:

SFAC Address:

Nr.:

Street:

City:

Province:

Postal code:

Country:

Tel:

E-Mail:

Name SFAC's intermediary financial institution:

Address:

Name and City of the Bank of the SFAC's intermediary financial institution:

Bank account:

BIC code or Swift code:

Signature:		Signature:
Name:		Name:
Chairperson	Date	Secretary