

APPLICATION FORM

(version: June 2010)

I. GENERAL INFORMATION FOR APPLICATION

- **SCdgWW** is the name of *the Dutch committee*, instituted by the Dutch Mennonite organization 'Wereldwerk' for practical dealing of Scholarships. E-mail of ScDGW: **scholarship@dgwereldwerk.nl**
- **SFAC** is the abbreviation of *the local Student Financial Aid Committee*, to collect applications in its country. For information about the SFAC in your country, go to **www.dgWereldWerk.nl** - use the screen-button: 'English'.

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 SFAC of your country.
5. **Submission deadline:** Application must be received:
 - April 1st for courses to start in September
 - August 1st for courses to start in January.

II. PERSONAL DATA (To be filled up 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 / marital status
- Name of spouse (if married)
5. Birth date: (day / month / year)
6. Start of Scholarship (month / year)
- End of Scholarship (month / year)
7. Name and address of the Professional College/ College / University enrolled /admitted.
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.....
8. Are you applying or receiving any financial aid from other organization(s)? (yes/no)
9. If YES, give name, address and amount receiving.
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.....
10. Did you submit an application form for 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
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.....
.....
.....

13. Professional experience up to date

Employer/organization	Address	Title / position	Years
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14. Studies to be undertaken

Major	Minor (if any)	Duration	Award at completion
.....
.....
.....

15. Student financial aid asked for studies to be undertaken

Number of years / terms of assistance	Years	Terms / semesters
.....

Approximation of grant in a half year payment

Approximation of total amount of scholarship grant

Add a survey of your yearly expected profits and costs:

.....

Any other comments:

.....

¹ Certificate, Diploma, Advanced Diploma, Under-graduate Degree, Master degree, Doctorate
² If applicable

16. Give reason(s) and motivation for Financial Assistance request: You have to attach:

A) a written documentation of circumstances necessitating the application of your scholarship and a recommendation e.g. a letter from Church leader, Employer, Village (Government) leader, School leadership attesting your situation / position.


B) a Personal Letter of Motivation.


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17. Where and how do you plan to work after completion of your studies?

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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.

.....(signature) (date)

IV. To be used by THE STUDENT FINANCIAL AID COMMITTEE.

A. Name of the student:

B. Level of scholarship approved:

Number of years / terms of assistance	Years	Terms / semesters
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Approximation of grant
in a half year payment

Approximation of total amount
of scholarship grant

C. Evaluation: (personal strong points and weaknesses; expectations and opportunities)

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D. SFAC's Secretary (name)
.....(SFAC address)
.....(nr. / street / city, province)
.....(postal code / country)
.....(tel.nr. / e-mail)

E. SFAC's intermediary financial institution:

..... (name)
..... (address)

F. Bank of SFAC's intermediary financial institution:

..... (name)
..... (city)

Bank account

BIC code or Swift code

G. Signatures:

Chairperson (name)

..... (signature / date)

Secretary (name)

..... (signature / date)