**SCHOLARSHIP APPLICATION FORM**

**FOR INTERNATIONAL CLASS**

Date of filling (dd/mm/yyyy) :

**A. Personal Data**

Full Name (with title) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nick Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number/HP : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobby : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status : Married / Unmarried (Remove unnecessary)

**B. Company Data Sender**

Company Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Phone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Education and Training History**

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School** | **School Name and City** | **Field Study** | **Entry Year** | **Graduation Year** |
| Elementary School |  |  |  |  |
| Junior School |  |  |  |  |
| High School |  |  |  |  |
| Undergraduate |  |  |  |  |
| Post Graduate |  |  |  |  |

**TRAINING**

(Add rows if necesssary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Name** | **Company Organizers** | **Training Year** | **Certificate / License** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**D. Achievement / Award that ever achieved**

(Add rows if necesssary)

|  |  |  |
| --- | --- | --- |
| **Achievement / Awards** | **Company Organizers** | **Years** |
|  |  |  |
|  |  |  |
|  |  |  |

**E. Others:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***No*** | ***Answer the following questions, briefly and clearly*** | **Yes** | **No** | **Explanation** |
| *1* | *Have you ever applied for a scholarship before? if yes, explain when* |  |  |  |
| *2* | *Are you still tied to employement with the company where you work?*  |  |  |  |
| *3* | *Have you ever seriously ill, surgery or serious accident? if yes, explain what kind of diseases and when?* |  |  |  |
| *4* | *Have you been addicted to drugs or other substances? if yes, explain when and its still addicted?* |  |  |  |
| *5* | *Have you ever suffered from infection diseases such as typhoid, dengue fever, tubercolosis, venereal diseases, AIDS/HIV?* |  |  |  |
| *6* | *Have you ever been sentenced to jail? if yes, explain when and why?* |  |  |  |

**F. Training Options**

*\* Put a cross (X) in the circle which are available on each training that you want to follow*

|  |  |
| --- | --- |
| 1. Safety Management System
 |  |
| 1. Senior Management of Aviation Security
 |  |
| 1. Senior Civil Aviation Management
 |  |
| 1. Aviation Internal Auditor
 |  |
| 1. Flight Operation Inspector
 |  |

|  |
| --- |
| Signature: |
| Name: |