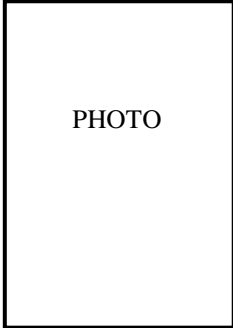




**CHILEAN INTERNATIONAL COOPERATION AGENCY
HORIZONTAL COOPERATION SCHOLARSHIPS PROGRAM
2018 CALL FOR APPLICATIONS
(Print in block capitals)**



SCHOLARSHIP APPLICATION FORM

NATIONALITY: _____

PERSONAL INFORMATION

Full Name: (as it appears on your passport)

Given names	First Family Name	Second Family Name
_____	_____	_____

Date of birth: ____/____/____/ **Age:** ____ **Sex:** _____

Marital Status: _____

Name and nationality of spouse: _____

Ordinary Passport #: _____ **Issued in:** _____

US entry visa: YES ___ NO ___

Address in your home country:

_____ **City:** _____

Personal tel.: _____ **Work tel.:** _____ **Fax:** _____

Current email address: _____

The following information is voluntary, but it is important for usage by the Chilean International Cooperation Agency for use in its Gender Management Improvement Program, as part of an active public policy in Chile. AGCI thanks you in advance for your cooperation.

Are you the head of your household?		Number of children		Age of children	
Yes	No	Male	Female	Male	Female

CANDIDATE'S ACADEMIC BACKGROUND

University degree: _____

Granted by: _____
(University or Higher Education Center)

Date: _____

Other studies completed: _____

Languages: _____

Publications, books, articles, and other: _____

PROFESSIONAL INFORMATION

Current position: _____

Institution: _____

Description of activities performed: _____

Other activities or positions:

Period	Institution	Positions held
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INFORMATION

Other scholarships/grants obtained: _____

Other information of interest:

REFERENCES RELATED TO YOUR ACADEMIC OR PROFESSIONAL ACTIVITIES:

STUDY PROGRAM TO BE UNDERTAKEN:

Master's Degree: _____
(Name)

Program duration: _____, 2018, to _____, 20 _____

University or Institution: _____

Address _____ Location _____

Have you already been accepted by the Center? YES NO

(attach photocopy of the letter of acceptance)

We thank you in advance for indicating whether you are aware of the characteristics and guidelines of the selected course of studies, as well as the skills that participants require in order to attain suitable performance.

I have informed myself fully, requesting further information above and beyond that available on the university's website YES _____ NO _____

Information that I have requested and obtained directly from the university leaves me in no doubt about the nature of the course of studies YES _____ NO _____

I am aware of the necessary prior knowledge and abilities that will be required of me in the selected course of studies YES _____ NO _____

I hereby declare under oath that all information that I have included on this Application Form is true and verifiable. I hereby further declare that I accept the terms and conditions established in the AGCI Call for Scholarship Applications to which this form is attached.

Date

Applicant's Signature