YOU MAY APPLY TO THIS SCHOLARSHIP PROGRAMME BY EMAIL ONLY

APPLICATION FORM

HUNGARIAN UNIVERSITY SCHOLARSHIP AND COMPLETE COSTS OF EDUCATION (2017)²

Family name (as in passport):			Please affix photograph
Given name(s) (as in passport):			here
Birth name:			
Mother's birth name::			
Home country /Citizenship (if other):			
Date of birth (day/month/year):		Place of birth (a city / country):	t the time of birth,
Gender Male Female	Marital status	Single	Married
Passport No/ or other identity card No	I		
Current Residential Address Street, Nr.:			
Suburb, Town:			
Postcode, Country:			
Postal Address (if different):			
Office Tel. N°. (incl. Area Code):		E-mail:	
Mobile Tel. No. (incl. Area Code.):			

EDUCATIONAL BACKGROUND

Higher Educational Institution/Location	Years attended (from-to)	Degree and Field of study
1.		
2.		
3.		

E1 – Rural development and agribusiness

E2 – Horticulture

E3 – Agricultural water management

² Travel costs to and from Hungary not included

SCHOLARSHIP PROGRAMME - HUNGARIAN MINISTRY OF AGRICULTURE AND RURAL DEVELOPMENT

Language	excellent	good	fair	poor	Level and name of official exam
English					
Hungarian					

OCCUPATION			
Name of Employer, Address			
Occupation			

OTHER		
1. Fellowships previously awarded		
2. Have you previously studied or worked in Hungary? If so, please specify		
3. Plans after the completion of studies		
3. Any other comments:		

This form must be completed in English. It will not be processed in any other language.

Please E-MAIL the following documents in English in PDF or JPG format, NAMED according to their contents (without names of files application will not be processed)

- this application form with selected course indicated at top (remember to add your Photo)
- curriculum vitae
- a copy of high school/college diploma and transcript /report of study or copy of the diploma attachment
- a copy of certificate of proficiency in English
- copies of relevant pages of passport
- one letter of recommendation (from your school, or workplace, if employed)
- statement of motivation
- Health Certificate issued by Medical Doctor
- Certificate of Good Conduct issued by local police authority.

I hereby certify that all information given in this form is true and correct.

	•••••
Date	Applicant's signature

Please EMAIL this application together with your COMPLETE dossier to:

REU-Scholarship@fao.org

Applications are accepted between 04 January and 28 February 2017.

Students must submit only COMPLETED dossiers. Incomplete dossiers will not be considered.