YOU MAY APPLY TO THIS SCHOLARSHIP PROGRAMME BY EMAIL ONLY

APPLICATION FORM

HUNGARIAN UNIVERSITY SCHOLARSHIP AND COMPLETE COSTS OF EDUCATION (2019)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 (ar city / country):	t the time of birth,	
Gender Male Female	Marital status	Single	Married	
Passport No/ or other identity card No				
Current Residential Address Street, Nr.:				
Suburb, Town:				
Postcode, Country:				
Postal Address (if different):				
Office Tel. N°. (incl. Area Code):		E-mail:		
Mobile Tel. No. <i>(incl. Area Code.):</i>				

EDUCATIONAL BACKGROUND

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

E1 – Plant protection

E2 – Rural Development and Agribusiness

E3 – Agricultural biotechnology

² Travel costs to and from Hungary not included

SCHOLARSHIP	PROGRAMME -	HUNGARIAN	MINISTRY OF	AGRICULTURE

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Language	excellent	good	fair	poor	Level and name of official exam
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English					
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Occupation	n				
Occupation	11				
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				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.



Applicant's signature

Please EMAIL this application together with your COMPLETE dossier to:

REU-Scholarship@fao.org

Applications are accepted between 08 January and 28 February 2019.

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