

Course to which you are applying: E1 E2 E3

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 here
Given name(s) (as in passport):				
Birth name:				
Mother's birth name::				
Home country /Citizenship (if other):				
Date of birth (day/month/year):		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of birth (at the time of birth,city / country):	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/>
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. (incl. Area Code.):				

EDUCATIONAL BACKGROUND

Higher Educational Institution/Location	Years attended (from-to)	Degree and Field of study
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

¹ 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

Language	excellent	good	fair	poor	Level and name of official exam
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 inPDF 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date

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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.