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**United Board Faculty Scholarship Program**

2020 – 2021 Application Form

*Please fill out all the applicable information below, in as much detail as possible.*

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| **PERSONAL INFORMATION** |
| Name: (family name) |  (given name) |  (middle name) |
| Preferred Name: | Gender: | Birth Date: (dd/mm/yy)  |
| Email: | Phone Number: ( ) |
| Nationality:  | Current Residence Country: |
| \*Are you a dual citizen or do you have residency status or legal permission to take up residence in another country? If yes, where? |
| Permanent Address: |
|  |
| Mailing Address (If different from above) : |
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| Skype Address (if any): |
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| **POST-SECONDARY ACADEMIC INFORMATION**  |
| *Starting with most recent degree program.* |
| Name of Institution:  |
| Degree: | Major: |
| Study Period: (mm/yy until mm/yy) |
| Country: | Language of Instruction: |
|  |
| Name of Institution: |
| Degree: | Major: |
| Study Period: (mm/yy until mm/yy) |
| Country: | Language of Instruction: |
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| Name of Institution: |
| Degree: | Major: |
| Study Period: (mm/yy until mm/yy) |
| Country: | Language of Instruction: |
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| **PROFESSIONAL EXPERIENCE** (starting with the most recent) |
| Name of Organization: |
| Country: | Title: |
| Employment Period: (mm/yy until mm/yy) |
| Responsibilities:  |
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| Name of Organization: |
| Country: | Title: |
| Employment Period: (mm/yy until mm/yy) |
| Responsibilities:  |
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|  |
| Name of Organization: |
| Country: | Title: |
| Employment Period: (mm/yy until mm/yy) |
| Responsibilities:  |
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| **ENGLISH LANGUAGE PROFICIENCY**  |
| *If you have a recent score (from the past two years) for any of the following English language proficiency tests, please list below.* |
| Test | Date (mm/yy) | Test ID No. | Score |
| TOEFL (IBT/PBT/CBT) |  |  |  |
| IELTS |  |  |  |
| GRE |  |  |  |
| Others: |  |  |  |
|  |
| **ACADEMIC REFERENCE**  |
| *Please attach two reference letters along with your application.* |
| *Head of Institution* |
| Name: |
| Relationship: |
| Position: |
| Organization: |
| Tel: |
| Email: |
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| *Academic Reference* |
| Name: |
| Relationship: |
| Position: |
| Organization: |
| Tel: |
| Email: |
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| **PROGRAM INFORMATION (for which one is applying)** |
| *First Choice* |
| Name of Institution: |
| Degree Program (e.g., MA in Psychology) : |
| Duration of Study: (mm/yy until mm/yy) |
| Annual Tuition Fee in USD: |
|  |
| *Second Choice* |
| Name of Institution: |
| Degree Program: |
| Duration of Study: (mm/yy until mm/yy) |
| Annual Tuition Fee in USD: |
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| *Third Choice* |
| Name of Institution: |
| Degree Program: |
| Duration of Study: (mm/yy until mm/yy) |
| Annual Tuition Fee in USD: |
|  |
| Please indicate the amount of funds you and/or your home institution can contribute toward the total cost of the degree program per year: |
|  |
| Will you continue to receive salary or subsidy from your home institution? If so, please indicate the amount per month: |
|  |
| Describe your institution’s policy of return service for each year of study with a scholarship.  |
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| Do you wish to be referred to another academic program if your choices above are not successful?  |
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| If you have participated in other United Board programs before, please specify: |
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| **OTHER REQUIRED DOCUMENTS**  |
| *Please include a personal statement (answering the questions listed below), and attach your CV, transcript, and three**reference letters together with this application form.* |
| Personal Statement Questions (please limit your statement to 500 words for each question): 1. Why are you interested in the institution(s)/program(s) you have selected above?
2. How will this academic experience/opportunity benefit your teaching and research upon return after completing the degree?
3. How will this academic experience/ opportunity benefit your sending institution?
4. What is your career goal after completing this degree?
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*I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will result in the disqualification of my application for the United Board Scholarship.*

Signature: Date: