

MINISTRY OF EDUCATION AND CULTURE
THE GOVERNMENT OF THE REPUBLIC OF INDONESIA
Jalan Jenderal Sudirman – Senayan, Jakarta
Phone/Fax: (+6221) 5724707, 5711144 ext. 2610
Website: darmasiswa.kemdikbud.go.id
Email: darmasiswa_kln@yahoo.com

**DARMASISWA SCHOLARSHIP PROGRAM
APPLICATION FORM**

A. PERSONAL INFORMATION

Family Name: _____

Name: Mr/Mrs/Ms _____

Citizenship: _____

Religion: _____

Place and date of birth: _____

Passport Number: _____ Validity of _____

Mailing Address: _____

_____ ☎ (Home)/Cell-phone: _____

☎ (Office): _____ Fax: _____ Email: _____

Marital status: ☐ Single ☐ Married (approved by copy of marriage certificate)

Do you have a husband/wife or any dependants?

(Please give details of name, relationship and date of birth)

No	Name	Relationship

Where do you prefer for stay?

(If you choose homestay, please fill out the homestay application form)

☐ Homestay ☐ Boarding House ☐ Dormitory

DARMASISWA SCHOLARSHIP APPLICATION FORM

Person to be notified in your country and in Indonesia in case of emergency:

In your country	In Indonesia
Name: _____	Name: _____
Address: _____	Address: _____
Home/Cell Phone: _____	Home/Cell Phone: _____
Relationship: _____	Relationship: _____

B. ACADEMIC BACKGROUND**

University/Institute Attended after High School	Years Attended From To	Degree Obtained/Expected (incl. Field of Study)	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic Referees

Please provide the names and address of at least 2 persons you've asked to forward confidential references to the scholarship office. One of these referees must be either your proposed Chief Supervisor or a member of academic staff at the institution at where you obtained the entry qualification.

Those references (ideally on letterhead paper) must be attached.

Title and Name of Referee 1: _____
 Address: _____
 Phone: _____ Email: _____

Title and Name of Referee 2: _____
 Address: _____
 Phone: _____ Email: _____

Language: State proficiency Fair-Good-Advance

No	Language	Skills	Speaking	Understanding	Writing
1	Bahasa Indonesia				
2	English				
3	Other:				

C. PROPOSED PROGRAM AND FIELD OF STUDY**

(Check one program and subject of study)

1. Program : a. 1 (one) Year
b. 6 (six) month

First Choice

Place of Study : _____

Subject of Study : _____

Second Choice

Place of Study : _____

Subject of Study : _____

2. Outline your proposed field of study and indicate the practical use to be made of this study. If you are acquainted with the possibilities of study offered in Indonesia, list of institutes or projects you propose to study or specific course you wish to attend.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

DARMASISWA SCHOLARSHIP APPLICATION FORM

D. PROFESSIONAL BACKGROUND**

List your work experience since university graduation. Start with the most current one.

Dates (To-From) (indicate month)	Position	Name of Institution	Responsibility
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E. SOCIAL AND COMMUNITY INVOLVEMENT**

List professional, societal, fraternities or other organizations in which you now hold membership or in which you have been active in the past. (Indicate if you have held an elective office):

Year	Position/Organization	Responsibility
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If you have ever traveled or lived outside Indonesia, please specify dates, countries and purpose**

Dates	Country	Purpose
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F. HOW DO YOU LEARN ABOUT DARMASISWA SCHOLARSHIP PROGRAM

☐ Newspaper ads ☐ Friend ☐ Website ☐ Other: _____

If you are currently applying for other scholarship programs, please specify program and status of your application

Name of Program	Type of Program Applied	Time Period
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DARMAISWA SCHOLARSHIP APPLICATION FORM

DECLARATION

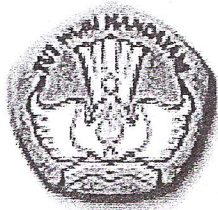
- I hereby certify that the information I have provided on this application form and in any attached materials is accurate and true to the best of my knowledge and belief, and I agree to notify Ministry of Education and Culture (MoEC) of any change in the above information or of any further information that might affect my eligibility for consideration as a prospective recipient of the Darmasiswa Scholarship award.
- I understand that by completing this application form there is no assurance that I will be awarded a grant.
- I understand that grant funds are not sufficient to cover travel or support for my family and I will make necessary arrangements for the living expenses in Indonesia.
- I will not change either subject or place of study prior or upon arrival in Indonesia.
- I will not involve myself in any political activities or doing criminals during my study in Indonesia.
- I will not undertake any work for profit or earn living during my study in Indonesia.
- I will not involve with any drug traffic: active user or drug-seller.
- I will not do and perform immoral acts.
- I will not travel out of Indonesia during the academic period and not travel out of Indonesia more than once.
- I will not bring the family during the study period even though at my own expense
- I will not perform activities of a certain ideologies or indoctrination.
- I will fully responsible for my own luggage/goods if its lost prior or upon arrival in Indonesia and have them in my hands custody.
- I have to refrain myself from being pregnant and being involved in drug traffic and abuses.
- I accept to be sent back to my country if I violate the said regulations and the stay permit regulation in Indonesia.
- I have to abide by the regulation of the government of Indonesia and as well as the Host University.

Signature: _____ Date: _____

Note:

**Please attach additional pages if necessary.

**THIS FORM IS TO BE FILLED OUT COMPLETELY AND ACCURATELY.
WE REGRET INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.**



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HOMESTAY APPLICATION FORM

A. STUDENT PERSONAL INFORMATION

Family Name: _____

First Name: Mr/Mrs/Ms _____

Citizenship: _____

Religion: _____

Place and date of birth: _____

Passport Number: _____ Validity of _____

Mailing Address: _____

_____ ☎ (Home)/Cell-phone: _____

☎ (Office): _____ Fax: _____ Email: _____

Marital status: ☐ Single ☐ Married (approved by copy of marriage certificate)

English ability: ☐ Low ☐ Good ☐ Excellent

B. MEDICAL INFORMATION

1. Do you have any medical condition? ☐ Yes ☐ No

If Yes, please explain: _____

2. Do you have any allergies? (i.e. animals, medication, etc.)? ☐ Yes ☐ No

If Yes, please specify: _____

affix photo here

4 X 6 cm

C. LIFESTYLE

1. Do you like outdoor activities? ☐ Yes ☐ No

If Yes, please list those that interest you: _____

2. Do you like sports? ☐ Yes ☐ No

If Yes, please list those that interest you: _____

3. Do you enjoy cooking? ☐ Yes ☐ No

Other hobbies/things you like: _____

4. What are your hobbies and interest? _____

5. Things you dislike: _____

6. What time do you usually go to bed? _____

7. Indicate the personality/character that the best describe you?

☐ shy and quiet ☐ friendly and social ☐ adaptable and flexible ☐ independent

other _____

8. What time do you usually go to bed? _____

9. Do you smoke? ☐ Yes ☐ No

10. Will you share a home with someone who smokes? ☐ Yes ☐ No

D. FOOD PREFERENCES

1. Are there any foods that you do not eat? ☐ Yes ☐ No

If Yes, please list describe: _____

3. Do you have any food preference? ☐ Yes ☐ No

If Yes, please specify (Vegetarian/No Pork/other): _____

4. Do you have any food allergies? ☐ Yes ☐ No

If Yes, please specify: _____

Signature of applicant

_____/_____/_____
Date

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WE REGRET INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.