



MINISTRY OF EDUCATION AND CULTURE  
THE GOVERNMENT OF THE REPUBLIC OF INDONESIA  
Jalan Jenderal Sudirman – Senayan, Jakarta  
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**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



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

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

**B. ACADEMIC BACKGROUND\*\***

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

**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**

<b>No</b>	<b>Language</b>	<b>Skills</b>		
		<b>Speaking</b>	<b>Understanding</b>	<b>Writing</b>
1	Bahasa Indonesia			
2	English			
3	Other:			



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D. PROFESSIONAL BACKGROUND\*\*

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

Dates (To-From) Position Name of Institution Responsibility
(indicate month)

Table with 4 columns: Dates (To-From), Position, Name of Institution, Responsibility. Three rows of empty lines for data entry.

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

Table with 3 columns: Year, Position/Organization, Responsibility. Four rows of empty lines for data entry.

If you have ever traveled or lived outside Indonesia, please specify dates, countries and purpose\*\*

Dates Country Purpose

Table with 3 columns: Dates, Country, Purpose. Four rows of empty lines for data entry.

F. HOW DO YOU LEARN ABOUT DARMASISWA SCHOLARSHIP PROGRAM

News paper 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

Table with 3 columns: Name of Program, Type of Program Applied, Time Period. Two rows of empty lines for data entry.

## DARMASISWA 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.**