Course to which you are applying $E1 \square E1$	£ ∠ ⊔ .	E3□	Ľ4L
--	----------------	-----	-----

YOU MAY APPLY TO THIS SCHOLARSHIP PROGRAMME BY

EMAIL ONLY

APPLICATION FORM

HUNGARIAN UNIVERSITY SCHOLARSHIP AND COMPLETE COSTS

OF EDUCATION (2016) 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 (at city / country):	the time of birth,				
		ereg / eo arrer g / c					
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. (incl. Area Code.):							
EDUCATIONAL BACKGROUND							
Higher Educational Institution/Location		Degree study	and Field of				
1.							
2.							
3.							
E1 – Agricultural sciences E2 – Agricultural biotechnology E3 – Horticulture E4 – Animal nutrition and feed safety							

 $^{^{2}}$ Travel costs to and from Hungary not included

SCHOLARSHIP PROGRAMME - HUNGARIAN MINISTRY OF AGRICULTURE AND RURAL DEVELOPMENT

Language excellent good	fair	poor	Level and name of official exam				
English							
Hungarian							
OCCUPATION							
Name of Employer, Address							
Occupation							
		Отне	R				
1. Fellowships previously award	ded						
2. Have you previously studied worked in Hungary? If so, plea specify							
3. Plans after the completion of	studies						
3. Any other comments:							
This form must be completed	in Engli	sh. It will 1	not be processed in any other language.				
	_		English in PDF or JPG format, NAMED es application will not be processed)				
	selected co	ourse indica	ted at top (remember to add your Photo)				
	e diploma	a and transc	ript /report of study or copy of the diploma				
attachmenta copy of certificate of prof	iciency in	English					
- copies of relevant pages of	passport						
one letter of recommendatistatement of motivation	- one letter of recommendation (from your school, or workplace, if employed)						
- Health Certificate issued by Medical Doctor							
- Certificate of Good Conduc			lice authority.				
I hereby certify that all information given in this form is true and correct.							
		••	•••••				
Date	Applicant's signature						

Please EMAIL this application together with your COMPLETE dossier to:

REU-Scholarship@fao.org

Applications are accepted between 04 January and 28 February 2016.

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