

P. Q. LICHA - HT
Pho bo
my name



CONSULATE GENERAL OF THE REPUBLIC OF INDONESIA
HO CHI MINH CITY

19 January 2015

Dr. Nguyen Van Phuc
Rector
Ho Chi Minh City Open University
Ho Chi Minh City

No. 21 /SB//2015

Dear Dr. Phuc,

I am pleased to inform you that the Indonesian Government is offering the **Darmasiswa Scholarship Program** academic year 2015/2016 to students from several countries including Vietnam to study in a number of universities in Indonesia. The subjects are Bahasa Indonesia, local language, traditional music and dances, traditional handicrafts as well as other technical skill of particular interests such as IT, engineering, science, computing, agriculture. The scholarship is conducted in Regular 1 (one) Year Program.

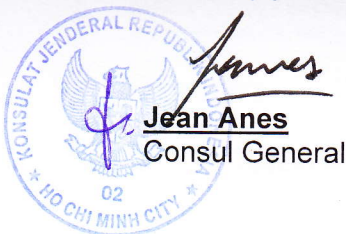
In view of the above, I would like to request your kind cooperation and assistance to announce the scholarship offer to the students of HCMCOU.

Details of the 2015/2016 Scholarship program and its application form are attached herewith. The application form should be completed and submitted to our office with all supporting documents **no later than 20 February 2015**.

The Indonesian Consulate General will carry out the administration selection and interview for the applicants on **Thursday, 26 February 2015 at 10.00 am at 18 Phung Khac Khoan Str., Dist. 1, HCMC**. Further information can be accessed through www.darmasiswa.kemdikbud.go.id or contact the Indonesian Consulate General, Information and Socio-Cultural Section, at 18 Phung Khac Khoan St., Dist. 1, HCMC, Phone. 3825 1888, email : pensosbudhcmc@yahoo.com.

Thank you for your kind cooperation and assistance.

Sincerely yours,



Jean Anes
Consul General



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 _____

Home 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

affix photo here
4 X 6 cm

DARMAISWA 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		Degree Obtained/Expected (Incl. Field of Study)	GPA
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

These 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:				

DARMASISWA SCHOLARSHIP APPLICATION FORM

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)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Dates Country Purpose

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

_____	_____	_____
_____	_____	_____

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 allowed to bring the family during the study period even though at my own expense
- I will not allow performing activities of a certain ideologies or indoctrination.
- I fully responsible for my own luggage/goods if its lost prior or upon arrival in Indonesia. 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.**