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| JUA Asian Scholarship Application Form (1/3) | | | | | |
| Have you applied for a scholarship fund from the JUA before? □No | | | | | |
| 1. Applicants corresponding details | | |  |  | |
| First (Given) Name |  | | | | |
| Last (Family) Name |  | | | | |
| Date of Birth |  | | | | |
| Age |  | | | | |
| Address | □Home / □Work | | | | |
| **Work Address:** | | | | |
| Postal code |  | | | | |
| City |  | | | | |
| Country |  | | | | |
| Telephone |  | | | | |
| Mobile (optional) |  | | | | |
| E-mail |  | | | | |
| 2. Present job |  | | | | |
| Function |  | | | | |
| Institution |  | | | | |
| Department |  | | | | |
| City/Country |  | | | | |
| 3. Family status |  | |  |  | |
| Names | Relationship | | Age | Address | |
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| JUA Asian Scholarship Application Form (2/3) | | | | |
| All fields must be filled in. | | | | |
| Applicants name | |  | | |
|  | |  | | |
| 1. Your motivation to study abroad | |  | | |
| 2. Current study (research) contents | |  | | |
| 3. Career plan after finishing overseas study | |  | | |
| 4. Indicate your specialty interest(s) and a list of institutions you wish to visit, if you have a preference | |  | | |
| 5. Preferred start date for the scholarship (dd-mm-yyyy) between January to December | |  | | |
| 6. Name of the urological society of the applicants country (A letter of recommendation from the president must be attached.) | |  | | |
| 7. Name and contact details of a reference urologist (eg. department chair) from the applicants institution who may be contacted for personal recommendation (A letter of recommendation from the person must be attached.) | |  | | |
| JUA Asian Scholarship Application Form (3/3) | | | | | |
| All fields must be filled in. Copy the form as needed. | | | | | |
| Applicants name |  | | | | |
|  |  | | | | |
| 1. Academic History |  | | | | |
| 2. Employment History |  | | | | |