## THE COUNCIL OF HIGHER EDUCATION (YÖK)

2019-2020 Academic Year Scholarship Application Form for International Students (State of Palestine)

РНОТО

PERSONAL INFORMATIO	N .
PERSONAL INFORMATION Full Name Place/Date of Birth Nationality Other Nationality (if any) Marital Status Religion Disabilities Please Specify (if any) Native Language Level of Turkish Do you have a certificate? Foreign Language () Do you have a certificate?	: : : : : : : : : : : : : : : : : : :
Do you have a certificate?  GRE/GMAT Score (if any)	: Yes No
FAMILY INFORMATION  Mother's Name Name of the Institution (If work Position/Title	:
Father's Name Name of the Institution Position/Title	: : :

ID Type	:
ID Type ID Number	:
Passport No (if any)	:
Passport No (II any)	DID Dograe
CHOICE OF DEGREE &	k FIELD: B.A. Degree PhD. Degree
	rite Your First 3 Preferred Programmes
1	
2	
3	
For the PhD Degree Please W	rite Your Study Field:
INFORMATION ON HI	GH SCHOOL OR EQUIVALENT GRADUATED
(for B.A. Application)	
Name	:
Type	:
Address (Country/City)	:
Have You Graduated?	: Yes No
If No, Please State Class	:
Grade Type/GPA	:
Starting Date	:
	:
(Please write an approximat	te date of graduation if you have not graduated yet)
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THORMATION ON II	INDERGRADUATE EDUCATION GRADUATED
(for Ph.D. Application)	110001
Name of University	:
Field of Study	:
	:
Address (Country/City)	Yes No
Address (Country/City) Have You Graduated?	•
Have You Graduated?	:
Have You Graduated? If No, Please State Class	
Have You Graduated?	

## INFORMATION ON M.A. OR M.S. DEGREE GRADUATED (for PhD. Application) Name of University : Field of Study Address (Country/City) : No : Yes Have You Graduated? If No, Please State Class Grade Type/GPA **Starting Date Ending Date** CONTACT DETAILS : E-Mail Address : Address Telephone Number (Home) Telephone Number (Mobile) REFERANCE INFORMATION : **Full Name** Name of the Institution/Position/Title I applied for another scholarship offered by a Turkish institution. ☐ No Yes I am already receiving another scholarship from a Turkish institution. ☐ No Yes I hereby confirm that the above information given is true and correct and agree to comply with the conditions of the scholarship program in case I am awarded the scholarship. Full Name: Date: Signature: