

THE COUNCIL OF HIGHER EDUCATION (YÖK)
2019-2020 Academic Year
Scholarship Application Form
for International Students
(State of Palestine)

PHOTO

PERSONAL INFORMATION

Full Name :
Place/Date of Birth :
Nationality :
Other Nationality (if any) :
Marital Status :
Religion :
Disabilities : ☐ Yes ☐ No
Please Specify (if any) :
Native Language :
Level of Turkish : ☐ Very Good ☐ Good ☐ Average
Do you have a certificate? : ☐ Yes ☐ No
Foreign Language (.....) : ☐ Very Good ☐ Good ☐ Average
Do you have a certificate? : ☐ Yes ☐ No
Foreign Language (.....) : ☐ Very Good ☐ Good ☐ Average
Do you have a certificate? : ☐ Yes ☐ No
GRE/GMAT Score (if any) :

FAMILY INFORMATION

Mother's Name :
Name of the Institution (If working):
Position/Title :
Father's Name :
Name of the Institution :
Position/Title :

