YOU MAY APPLY TO THIS SCHOLARSHIP PROGRAMME BY

EMAIL ONLY

APPLICATION FORM

HUNGARIAN UNIVERSITY SCHOLARSHIP AND COMPLETE COSTS OF EDUCATION (2022)¹

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):		ce of birth (at the time of birth, / country):			
Gender Male Female	Marital status Si	ngle 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): Mobile Tel. No. (incl. Area Code.):		E-mail:			
EDUCATIONAL BACKGROUND					
Higher Educational Institution/Location	Years attended (from-to	Degree and Field of study			
1.					
2.					
3.					

 $^{^{1}}$ Travel costs to and from Hungary not included

SCHOLARSHIP PROGRAMME - HUNGARIAN MINISTRY OF AGRICULTURE

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Language excellent good	fair	poor	Level and name of official exam		
English					
OCCUPATION					
Name of Employer, Address					
Occupation					
OTHER					
1. Fellowships previously awa	ırded				
2. Have you previously studie worked in Hungary? If so, ple specify					
3. Plans after the completion	of studies				
3. Any other comments:					
This form must be completed in English. It will not be processed in any other language.					
Please E-MAIL the following documents in English in PDF or JPG format, NAMED according to their contents (without names of files application will not be processed)					
 this application form with selected course indicated at top (remember to add your Photo) curriculum vitae 					
- a copy of high school/college diploma and transcript /report of study or copy of the diploma attachment					
- a copy of certificate of proficiency in English					
 copies of relevant pages of passport one letter of recommendation (from your school, or workplace, if employed) 					
 statement of motivation Health Certificate issued by Medical Doctor 					
- Certificate of Good Conduct issued by local police 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 15 January and 28 February 2022.

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