**[Form 1]**

**2020 대한민국정부초청 외국인 학부장학생 지원서**

**2020 GLOBAL KOREA SCHOLARSHIP**

**(Application for 2020 for Undergraduate Degree)**

**지방대이공계 전형 / via Regional Universities for Natural Science & Engineering Majors**

***∙ Please type or print clearly in English or Korean.***

***∙ English Name Spelling MUST be exactly the same as in your passport***

***∙ Please state a date in the following order: year, month and day (ex. January 30, 2000 → 2000/01/30)***

***∙ Choose up to 3 preferred universities and departments (or majors). One cannot choose multiple departments from one university.***

|  |  |  |  |
| --- | --- | --- | --- |
| 지원자명  (Applicant’s name) |  | | |
| 성 (Family name) / 이름 (Given name) / Middle name | | |
| 국적(Nationality) |  | 생년월일(Birth-date)  (yyyy/mm/dd) |  |
| 희망 계열  (Desired Field of study) | □ 인문사회(Humanities & Social Sciences)  □ 자연공학(Natural Sciences & Engineering)  □ 예체능(Arts and Physical Education) | | |
| 언어능력  (Language Proficiency) | 한국어(Korean Proficiency) | □ Advanced □ Intermediate □ Beginner | |
| 영어(English Proficiency) | □ Advanced □ Intermediate □ Beginner | |
| 수학 희망 대학(Preferred Univ.) | 1 | 2 | 3 |
| 희망 전공 (Preferred Dept.) | 1 | 2 | 3 |

**□ Checklist (Submission of Documents) *Please put a √ in the appropriate box, Type or Print clearly***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Required Documents | | Original  Document | | Official Notarized Translation | | | 3 Copied  Documents | |
| Yes | No | Yes | No | | Yes | No |
| 1. 지원서   One Complete Application Form | |  |  | N/A | | |  |  |
| 1. 서약서   One NIIED Pledge | |  |  | N/A | | |  |  |
| 1. 자기소개서   One Personal Statement | |  |  | N/A | | |  |  |
| 1. 수학계획서   One Study Plan | |  |  | N/A | | |  |  |
| 1. 추천서 2부   2 Recommendation Letters (from 2 different recommenders) | |  |  | N/A | | |  |  |
| 1. 자가건강진단서   One Self Medical Assessment | |  |  | N/A | | |  |  |
| 1. 고등학교 졸업증명서   One Graduation Certificate of High school | |  |  |  | |  |  |  |
| 1. 고등학교 성적증명서 One High school Grade Transcripts | |  |  |  | |  |  |  |
| 1. 본인 및 부모 국적 증명서 One Certificate of Citizenship (Applicant & Parents) | |  |  |  | |  |  |  |
| 1. 수상실적 (해당자만) Awards (Optional) | |  |  |  | |  |  |  |
| 1. 한국어 또는 영어 능력 공인 인증서 (해당자만)   One Certificate of Korean or English Proficiency (If applicable) | 1. C. of Korean Proficiency |  |  | N/A | | |  |  |
| 1. C. of English Proficiency |  |  | N/A | | |  |  |
| 1. 한국전쟁 참전용사 후손 입증 서류 (해당자만)   Korean War Veterans Documents (If applicable) | |  |  |  | |  |  |  |

**□ 인적 사항 (Personal Information)** (English Name Spelling MUST be exactly the same as in your passport)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 성명  (Full Name) | 자국어  (Native language) |  | |  | |  | 여권 사진  (Passport Photo)  3cm ×4cm |
| 성(Family Name) | | 이름(Given Name) | | Middle Name |
| 영어\*  (English) |  | |  | |  |
| 성(Family Name) | | 이름(Given Name) | | Middle Name |
| 성별  (Gender) | □ Male  □ Female | 생년월일(Date of Birth: yyyy/mm/dd) | | |  | |
| 결혼여부(Marital Status) | | | □ Single □ Married | |
| 출생지  (Place of Birth) | City/Province and Country | | | | 여권번호  (Current Passport Number) | |  |
| 국적  (Nationality) |  | | | | 여권 유효기간  (Passport Expiration date) | |  |
| 자택  (Home) | 주소  (Mailing  Address) | | ※Please write in ENGLISH ONLY including street address, city, country and postal code. | | | | |
| 전화  (Phone) | | Country Code / Area Code / Phone Number | | | | |
| 휴대전화  (Cell Phone) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country Code / Cell Phone Number | | | | |
| 이메일  (E-mail) | |  | | | | |
| 출신고등학교  (High School) | 주소  (Mailing  Address) | | ※Please write in ENGLISH ONLY including street address, city, country and postal code. | | | | |
| 전화  (Phone) | | Country Code / Area Code / Phone Number | | | | |
| 팩스  (Fax) | | Country Code / Area Code / Fax Number | | | | |

**□ 언어능력 (Language Proficiency)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 언어명  (Language) | 시험명  (Title of Test) | 성적  (Score or level) | 시험일  (Date of Test) | 수준(Level) | | |
| Beginning | Intermediate | Advanced |
| 한국어 (Korean) |  |  |  |  |  |  |
| 영어 (English) |  |  |  |  |  |  |
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**□ 학력 (Education: including Elementary School):** Please list from the most recently attended school.

|  |  |  |  |
| --- | --- | --- | --- |
| 입학일  (Entrance Date)  ( yyyy/mm/dd) | 졸업일  (Graduation Date)  (yyyy/mm/dd) | 기관명  (Institution) | 소재지  (Location: city/country) |
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**□ 고등학교 성적 (High School Grades; Only for the semesters attended)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 학년  (School Year) | 1학년 (1st year) | 2학년 (2nd year) | 3학년 (3rd year) | **TOTAL** | **백분율**  **(100 percentile)** |
| Grades (G.P.A.) |  |  |  | **C.G.P.A.:** | **/100** |
| RANK |  |  |  | **RANK:** | **/100** |

**□ 가족사항 (Family Background)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 관계  (Relationship) | 성명  (Name: Family/Given/Middle) | 생년월일  (Date of Birth) | 직업  (Occupation) | 거주지  (Address: district, city) |
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**□ 한국기관에서 수여 받은 장학금 (Previous Scholarship Awards Received from Korean institutions)**

|  |  |  |
| --- | --- | --- |
| 장학금명  (Title of Award) | 기간: 연월일  (Period: yyyy/mm/dd) | 지원 기관  (Institution) |
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**□ 과거 한국에서의 거주 또는 체류 사실 (Previous Visits to Korea)**

|  |  |  |  |
| --- | --- | --- | --- |
| 기간: 연월일  (Period: yyyy/mm/dd) | 지역  (City or Region) | 목적  (Purpose of Stay) | 거주 또는 체류관련기관  (Organization Concerned) |
| ∼ |  |  |  |
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**□ 추천인 명단 (List of Recommenders)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 성명  (Name) | 지위  (Position) | 소속 기관명  (Organization) | 전화  (Phone) | 이메일 주소  (E-mail Address) |
|  |  |  |  |  |
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THE ANSWERS I HAVE GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF MY ANSWERS CONTAIN ANY KIND OF FALSEHOOD, I WILL TAKE ANY LEGAL RESPONSIBILITY.

|  |
| --- |
| **DATE(yyyy/mm/dd): . .** |
| **NAME OF THE APPLICANT SIGNATURE OF THE APPLICANT** |

**[Form 2]**

**GKS Applicant Agreement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **As an applicant for 2020 Global Korea Scholarship for Undergraduate Degree, I agree to abide by the following;**  *※ Please read each article, check each box and sign below.*   1. The information I have provided in this application forms are true and accurate and all documents I submitted to the National Institute for International Education (hereafter NIIED) are genuine. 2. I understand that all the documents submitted to NIIED for GKS will not be returned regardless of the final outcome of the selection process. 3. I will abide by all the Korean laws and ordinances. 4. I will respect and uphold the values of the Korean culture and society. 5. I will fulfill my responsibilities as a GKS scholar to the best of my abilities. 6. I will not participate in any form of political activities (such as organizing or joining a political party, attending political meetings, publishing articles and declarations, and organizing or participating in political demonstrations). 7. I will maintain financial integrity at a personal level. 8. I accept NIIED’s decision concerning graduate degree, research program and the Korean language program.  |  | | --- | | Date(yyyy/mm/ dd) Applicant’s Name (Signature) | |  |  1. I understand that once I am selected as a GKS scholar. I am not permitted to change the university, either for the Korean language program or for the degree and research program. 2. I will abide by the academic regulations and requirements of NIIED, Korean language institution, and university.   *(continued in the next page)*   1. I understand that if I have any dependents that will accompany me to Korea, I am responsible for all matters concerning those dependents such as visa issuance and that NIIED will not provide any extra expenses or support in regards to my dependents. 2. I give permission to NIIED, the Ministry of Education of Korea, the Ministry of Foreign Affairs of Korea, the Ministry of Justice of Korea, and affiliated institutions to use the contact information provided in my application for the purpose of visa issuance, communication, conducting surveys, and sharing information as needed. I give authorization for photos and video of me to be taken during GKS orientation and used in any promotional or educational materials. 3. I hereby authorize NIIED to verify the information disclosed in this application form and the documents required by GKS as well as to collect any other information deemed necessary by GKS to determine my suitability as an applicant from any institution, organization or individual issuing said information and/or documentation. This includes but is not limited to contacting recommendation referees or previous employers. 4. I hereby understand that all information provided to NIIED will be stored in secured servers where access will be limited to GKS team and its affiliates. I understand that all reasonable efforts will be made to protect confidential and sensitive information. By signing below and submitting my application, I agree to these terms. 5. I understand that failure to uphold any of the above statements may be grounds for termination of my scholarship offer.   **I confirm that I read all of the above conditions. I also understand that the violation of any one of the above might result in suspension or cancellation of the scholarship.**     |  | | --- | | Date(yyyy/mm/ dd) Applicant’s Name (Signature) | |  | |

**[Form 3]**

**자 기 소 개 서**

**(Personal Statement)**

*<지시문: 자기소개서를 2페이지 이내로 서술식으로 작성(A4, 단면으로 작성)하되, 아래 내용을 포함하도록 하며, 내용을 잘 알아볼 수 있도록 타이핑을 하거나 인쇄하시오. 이 지시문은 숙지 후 삭제하시오.>*

*<Instructions: please write no more than 2 pages on an A4 size format, one-sided only. The essay should include the following things and must be clearly typed or printed in black ink. Please remove the instructions after reading it. >*

*- Motivations with which you apply for this program*

*- Family and Education background*

*- Significant experiences you have had; risks you have taken and achievements you have made, persons or events that have had a significant influence on you*

*- Extracurricular activities such as club activities, community service activities or work experiences*

*- If applicable, describe awards you have received, publications you have made, or skills you have acquired, etc.*

|  |
| --- |
| DATE(yyyy/mm/dd): . . |
| NAME OF THE APPLICANT SIGNATURE OF THE APPLICANT |

**[Form 4]**

**수 학 계 획 서**

**(Study Plan)**

*<지시문: 한국어 또는 영어로 3 페이지 이내로 A4 규격용지에 단면으로 작성하시오. 수학계획서를 작성하기 전에 학교 선생님과 수학 목적과 계획에 대해 상의하시길 권장합니다. 이 지시문은 숙지 후 삭제하시오.>*

*<Instructions: Please type or print in Korean or English not exceeding 3 pages on an A4 size format, one-sided only. It is advised that you discuss your academic goals and plans with your teacher before filling out this form. Please remove the instructions after reading it.>*

|  |  |  |  |
| --- | --- | --- | --- |
| 성명  (Name) |  | | |
| Family name / Given name / Middle name | | |
| 국적  (Nationality) |  | 생년월일  (Date of Birth:yyyy/mm/dd) |  |
| 출신고등학교  (Secondary school  attended) |  | 입학일  (Entry Date: yyyy/mm) |  |
| 졸업일  (Graduation Date: yyyy/mm) |  |
| 한국어능력  (Korean Proficiency) | □Advanced □Intermediate □Beginner) | 영어능력  (English Proficiency) | □Advanced □Intermediate □Beginner) |

|  |  |  |  |
| --- | --- | --- | --- |
| 수학 희망 대학  (Preferred Universities) |  |  |  |
| 희망 전공  (Preferred Departments) |  |  |  |

|  |
| --- |
| * 1. 한국입국 전 후 학위과정 수학에 필요한 외국어(한국어, 영어 등) 능력을 향상시키기 위한 계획   Study plans to improve foreign languages(Korean, English, etc) required for taking a bachelor’s degree course  *BEFORE and AFTER you come to Korea.* |
|  |
| * 1. 학위과정 수학 계획 (대학 및 전공 선택 이유, 학업 목표와 계획, 수학 후 계획을 기재하고, 진학 희망 대학별 전공이 다른 경우에는 분리하여 기술하시오)   Study plan for a bachelor’s degree course (*Please state the reason you choose such universities and departments (or majors), your academic goals, specific plans (including timeline) to achieve them, and future plan after completion of your study. In case that preferred departments (or majors) of the preferred universities are different, please mention about them separately.)* |
|  |

|  |
| --- |
| DATE(yyyy/mm/dd): . . |
| NAME OF THE APPLICANT SIGNATURE OF THE APPLICANT |

**[Form 5]**

**Letter of Recommendation**

**To the applicant**: Please fill in your name and the other required information below. In turn, deliver or email this form to the person who will write this letter. **NOTE:** Request your recommender to seal his or her letter of recommendation in an official envelope and sign across the back flap upon completion. Recommendation letters that are not sealed and signed will not be accepted.  **Confidential**

Name of Applicant: (Surname) (Given Name)

Nationality: Desired Degree Program:  Master’s  Doctoral  Research Intended Major:

**To be completed by the recommender:**

*Your frank and candid evaluation of the applicant will be highly appreciated in the selection of Global Korea Scholarship awardees and the admissions to a Korean university. We greatly appreciate your time and effort.*

**\*You may use your own recommendation letter template and attach your letter to this form. However, we hope to glean the following information of the applicant from your recommendation letter:**

- How long have you known the applicant and in what relationship?

- What are applicant’s capabilities, strengths, and weaknesses (in regards to academic achievement, passion and interest for intended major, future academic potential, integrity, responsibility, independence, creativity, adaptability, communication skills, and others)?

- Please comment on the applicant’s performance record, potential, or personal qualities which you believe would be helpful in considering the applicant’s application for the proposed degree/research program.

Recommender’s Name

Recommender’s Signature Date

Position or Title: University (Institution):

Address:

(zip-code: )

Email: Tel:

***\*After completing the recommendation letter, please printout and enclose the letter in an official envelope and sign across the back flap; the recommendation letters that are not signed will not be considered valid.*** *Please return this form and your recommendation letters sealed in an envelope to the applicant. Thank you!*

**[Form 6]**

**자 가 건 강 진 단 서**

**(Self Medical Assessment)**

*Please provide accurate information for the following questions.*

Note: Applicants are not required to undergo an authorized medical exam before passing the 2nd round of selection; however, all candidates must take a comprehensive medical exam after the 2nd round of selection (*see FORM 7*); all grantees must take another comprehensive medical check-up (including, TBPE drug test) after coming into Korea in accordance with the requirements of the Korea Immigration Service and the GKS. If the results show that any grantee is unfit to study and live overseas, he/she may be disqualified.

|  |  |  |  |
| --- | --- | --- | --- |
| QUESTION | YES | NO | EXPLAIN |
| * 1. When and for what reason did you last consult a physician? (Please explain) |  | | |
| * 1. Have you had any serious ailment, injuries or diseases (high blood pressure, diabetes, tuberculosis, any type of Hepatitis, etc.) in the last five years? (If yes, please explain) |  |  |  |
| 1. Have you been hospitalized in the last two years?  (If yes, please explain) |  |  |
| 1. Have you ever been treated by a doctor for any mental, emotional, or anxiety disorder?  (If yes, please explain and attach a report from your doctor) |  |  |
| 1. Have you ever been addicted to any substance?   (If yes, please explain) |  |  |
| 1. Do you have any allergies? (If yes, please list them) |  |  |
| 1. Do you have any visual or hearing impairment? |  |  |
| 1. Do you have any physical disabilities? |  |  |
| 1. Do you have any cognitive/mental disabilities? |  |  |
| 1. Are you taking any prescribed medication?  (If yes, please explain) |  |  |
| 1. Are you on a special diet?  (If yes, please explain in detail) |  |  |
| 1. Have you ever suffered from depression?  (If yes, please explain) |  |  |

THE ANSWERS I HAVE GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF MY ANSWERS CONTAIN ANY KIND OF FALSEHOOD, I WILL TAKE ANY LEGAL RESPONSIBILITY.

Date(yyyy/mm/dd): . .

|  |
| --- |
|  |
| NAME OF THE APPLICANT SIGNATURE OF THE APPLICANT |

**[Form 7]**

**의사 발급 건강 진단서**

**(Certificate of Health)**

*This certificate will be highly appreciated in the process of selection of Korean Government Scholarship recipients and the admissions to a Korean university. Please attach evidential documents which prove that the result of the following examinations is true and correct; otherwise, it is not valid.*

**1. Personal Information**

Full Name:

Sex:

Date of Birth:

Nationality:

**2. Physical Examination**

   Blood Pressure: Systolic              Diastolic             mmHg

Vision: Right 20/                Left 20/               Color Vision

   Corrected: Right             /15  Left             /15

   Dental Evaluation: Good (    )  Fair (    )  Poor (    ) Needs Attention (     )

  Clinical Evaluation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Classification | Normal | Abnormal | Classification | Normal | Abnormal |
| Skin |  |  | Heart |  |  |
| Head & Face |  |  | Abdomen |  |  |
| Eyes |  |  | Rectum |  |  |
| Ears |  |  | Genitalia |  |  |
| Mouth & Throat |  |  | Extremities |  |  |
| Nose & Sinuses |  |  | Back & Spine |  |  |
| Neck |  |  | Neurological |  |  |
| Chest & Lungs |  |  | Mental |  |  |
|  |  |  | Other |  |  |

If Abnormal:

**3. Chest X‐ray Examination**

UNI000001dc0451    Date taken:

UNI000001dc0453    Findings:

**4. Laboratory Examination**

   Hemoglobin:                Gm/dl

Urine: S.G.                  Sugar               Micro

UNI000001dc0455Hepatitis B:

UNI000001dc0457Stool for Parasite Oval:

UNI000001dc0459Serological Test for Syphilis:

Other:

                                                         In my opinion his/her health condition is;

Excellent (   )  Good (  )   Fair (   )   Poor (  )

This is to certify that the above named applicant has gone through a general medical examination and the findings indicated here are true and correct to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  |  | Hospital or Institute |
| M.D |  |  |
| Signature |  |