**MOU-UNKS North Korean Studies Scholarship**

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| --- | --- |
| **▣ Program to Apply** | [ ]  Doctoral Degree |
|  | [ ]  Master Degree |

*Please complete the form below. It must be typed in English or Korean ONLY.*

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| **Basic Information** |
| Full Name | *Surname* | *Given Name* | Gender | PhotoSize: 3.5cm x 4.5 cm\*White background |
| [ ]  Male[ ]  Female[ ]  Others |
| *\*Please write your full name as indicated on your passport* |
| Date of Birth (YYYY/MM/DD) | *Click* | Age |  |
| Resident Country |  | Citizenship |  |
| Current Position | Institution |  | Department |  |
| Position |  | Period | From *Click* To *Click* |
| Responsibilities |  |
| Contact Information | *Address**(Zip code)* |
| *Phone (Must start with the country code)*  |
| *E-mail* |
| Korean Proficiency | TOPIK Level | [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 │ Date: *Click* |
| Other Test or Language School |  |
| **Education** |
| Degree | PeriodFrom(yyyy.mm.dd)-To(yyyy.mm.dd) | University/ Institution | Country | Major | GPA/GPA Scale |
| **Ph.D.** | From *Click*To *Click* |  |  |  |  |
| **Master** | From *Click*To *Click* |  |  |  |  |
| **Bachelor** | From *Click*To *Click* |  |  |  |  |
|  | From *Click*To Expected Graduation: *Click*  |
| **Career** **\* Most recent first / \* Employment verification document required** |
| Period | Institution/ Company | Position | Responsibilities |
| From *Click* To *Click* |  |  |  |
| From *Click* To *Click* |  |  |  |
| From *Click* To *Click* |  |  |  |
| **Dissertations & Publications****Please list your most notable dissertations or publications (up to 10 cases) in relevant field.** |
| Degree Thesis Title |  |
| Published Papers  |  |
| **Previous Visits to Korea** |
| The length of stay in Korea(Months) | Period | Purpose of Stay | City or Region | Affiliated Organization |
|  | From *Click* To *Click* |  |  |  |
|  | From *Click* To *Click* |  |  |  |
| **Awards / Grants / Scholarships / Sponsorships** |
| Period | Title of Grant | Amount\*If financial support | Sponsorship Organization |
| From *Click* To *Click* |  |  |  |
| From *Click* To *Click* |  |  |  |
| (yyyy) (mm) (dd)Applicant's Name : (signature)  |

**PERSONAL STATEMENT**

*Please type in Korean or in English. The letter must be single spaced* ***within ONE page****, with the font Arial, size 11. (\*11 points)*

|  |
| --- |
| * Motivations with which you apply for this program
* Your education and work experience in relation to Korean Peninsula
* Reason for studying on North Korea & Korean Unification
* Any other aspects of your background and interests which may help us evaluate your aptitude and passion for graduate study or research.
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**STATEMENT OF PURPOSE**

*This form is required for applicants in the Master’s or Doctoral program ONLY.*

*Please type in Korean or in English. The statement of purpose must be single spaced* ***with no more than TWO pages, with the font Arial, size 11****. (\*11 points)*

|  |  |
| --- | --- |
| Goal of study &Study Plan |  *Goal of study, title or subject of research, and detailed study plan* |
|  |  |
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|  |

|  |  |
| --- | --- |
| Future Planafter Study |  *Future plan after study in Korea* |
|  |  |
|  |

**RECOMMENDATION LETTER**

**To the applicant**: Please fill in your name and the other required information below, and then inform references of this before beginning the application process.

**To the reference**: All letters should be written by the reference himself or herself and submitted directly to the IFES (ifes\_apply@kyungnam.ac.kr) by September 25(Korean Standard Time GMT+9). Please be aware that this is the deadline for both the application as a whole and for letters of reference.

Name of Applicant: (Surname) (Given Name)

Nationality:

To be completed by the recommender:

*Your frank and candid evaluation of the applicant will be highly appreciated in the selection of* ***the MOU-UNKS NK Studies Scholarship*** *awardees. 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

Position or Title: University (Institution):

Address:

 (zip-code: )

Email: Tel:

**APPLICANT AGREEMENT**

|  |  |  |
| --- | --- | --- |
| As an applicant for ***the MOU-UNKS North Korean Studies Scholarship***, 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 are genuine. [ ]
2. I understand that all the documents submitted for this scholarship 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 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). [ ]
6. I will maintain financial integrity at a personal level. [ ]
7. I accept MOU-UNKS’s decision concerning graduate degree, research program and the Korean language program. [ ]
8. I will abide by the academic regulations and requirements of MOU-UNKS. [ ]
9. 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 MOU-UNKS will not provide any extra expenses or support in regards to my dependents. [ ]
10. I hereby authorize MOU-UNKS to verify the information disclosed in this application form and the documents required by this scholarship as well as to collect any other information deemed necessary by MOU-UNKS Scholarship 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. [ ]
11. I hereby understand that all information provided to MOU-UNKS will be stored in secured servers where access will be limited to this scholarship 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. [ ]
12. 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) |
|  |

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**PERSONAL MEDICAL ASSESSMENT**

*Attention! This form is just a personal medical assessment and applicants do not need to get comprehensive medical examination for now. However, once applicants are successful in the 2nd round of selection, in accordance with the requirements of the Korea Immigration Service, applicants must get a comprehensive medical examinations from a licensed physician or a doctor (including TBPE drug test\*\* etc) If the results show that the applicant is unfit to study and live overseas, he/she will be considered disqualified for this scholarship program.*

|  |  |
| --- | --- |
| Gender | [ ] Male [ ]  Female [ ]  Others |
| QUESTION | YES | NO | IF YES, PLEASE EXPLAIN |
| Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis and STDs)? |  |  |  |
| Do you have allergies?  |  |  |  |
| Do you have hyper tension?  |  |  |  |
| Do you have diabetes?  |  |  |  |
| Do you have any type of Hepatitis?  |  |  |  |
| Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.) |  |  |  |
| Have you ever been addicted to alcohol? |  |  |  |
| Have you ever abused any narcotic, stimulant, hallucinogen or other substance, either legally or illegally?  |  |  |  |
| Have you been hospitalized in the last two (2) years? |  |  |  |
| Have you had any serious injury, ailment or sickness in the last five (5) years? |  |  |  |
| Do you have any visual or hearing impairment? |  |  |  |
| Do you have any physical disabilities? |  |  |  |
| Do you have any cognitive/mental disabilities? |  |  |  |
| Are you taking any prescribed medication? |  |  |  |
| Are you on a special diet?  |  |  |  |
| Are you pregnant? |  |  |  |

**AGREEMENT TO COLLECT AND USE PERSONAL INFORMATION**

The Institute for Far Eastern Studies at Kyungnam University (hereafter, referred to as IFES) values the right to protection and privacy of the applicant’s personal information in accordance with the Personal Information Protection Act of the Republic of Korea. IFES is required to obtain the applicant’s consent to collect and use his or her personal information contained in the application.

Please read the information below and check whether or not you consent to IFES’s collection and usage of your personal information.

**Ⅰ. Objectives of the Collection and Usage of Personal Information**

• IFES collects the applicant’s personal information for the following objectives:

1. To identify the applicant during the application and screening process (confirmation of eligibility);
2. To inform the applicant of their application status and results; and
3. To form an agreement for providing the IFES grant (confirmation of the applicant’s identity and his or her decision).

• IFES will not disclose or use the personal information that it collects from its applicants for any other objective other than the scope of the aforementioned authorized usage.

**IⅠ. Personal Information that is Collected and Used by IFES**

• Required Information

|  |  |
| --- | --- |
| **Category** | **Items to be collected and used** |
| **Applicant** | Name, Gender, Date of Birth, Nationality, Current Residency, Current Position, Address, Telephone Number, Email, Passport Information |
| **Recommender** | Name, Affiliated Institution, Position, Telephone Number, Email, Address |

• Optional Information

1. Information about education; Korean Proficiency; career; Publications; recent awards, grants, scholarships or sponsorships; and previous visits to Korea.

**IIⅠ. Period to Retain and Use Personal Information Collected from the Applicants**

• Personal information as above will be retained and used:

1. Semi-permanently: Fellowship/Scholarship Recipients
2. For up to 3 years: Applicants for this grant program

**IV. Right to Withhold One’s Consent and Disadvantages Thereof**

• Applicants have a right to withhold their consent about the terms of IFES in the collection and usage of applicant’s personal information.

• Disadvantages of withholding one’s consent: The aforementioned personal information is necessary for the application process, therefore IFES would like to inform the applicants that he or she cannot apply to the MOU-IFES Fellowship and/or Scholarship programs if he or she withholds consent to the collection and usage of personal information by IFES. The process can commence only when consent is granted.

**[Consent to collect and use personal information]**

I fully understand this agreement and consent to IFES in their collection and usage of my personal information as stipulated above.

• Required Information (I agree [ ]  I do not agree [ ] )

• Optional Information (I agree [ ]  I do not agree [ ] )

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(Date) (Print Name) (Signature)

**Application Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| *Person in Charge* |  | *Signature* |  |

*\* Leave this table blank*

1. Name of Applicant : (Surname) (Given Name)
2. Country :
3. Desired Program: [ ]  Doctoral Degree [ ]  Master’s Degree [ ]  Fellowship

(\*Please check (√) in the appropriate box.)

|  |  |
| --- | --- |
| Application Documents | Submission Status |
| Yes | No |
| 1 | Application Form (Form 1) |  |  |
| 2 | Personal Statement (Form 2) |  |  |
| 3 | Statement of Purpose (Form 3) |  |  |
| 4 | Research Proposal (Form 4) |  |  |
| 5 | TWO Letters of Recommendation (Form 5) |  |  |
| 6 | Applicant Agreement (Form 6) |  |  |
| 7 | Personal Medical Assessment (Form 7) |  |  |
| 8 | Agreement to Collect and Use Personal Information (Form 8) |  |  |
| 9 | Certificate of Bachelor’s degree or Bachelor’s Diploma (PDF file) |  |  |
| 10 | Bachelor’s degree Transcript (PDF file) |  |  |
| 11 | Certificate of Master’s degree or Master’s Diploma (PDF file) |  |  |
| 12 | Master’s degree Transcript (PDF file) |  |  |
| 13 | Certificate of Doctoral degree or Doctoral Diploma (PDF file) *\* Fellowship Program applicants ONLY* |  |  |
| 14 | Doctoral degree Transcript (PDF file) *\* Fellowship Program applicants ONLY* |  |  |
| 15 | Proof of Employment (PDF file)\* If you have current position |  |  |
| 16 | Employment Verification Document (PDF file)  |  |  |
| 17 | Applicant’s Proof of Citizenship Document (Scanned Passport file) |  |  |
| 18 | Certificate of Valid TOPIK |  |  |
| 19 | Published Papers, Research papers, and etc. |  |  |
| 20 | Awards / Grants / Scholarships / Sponsorships Verification Document |  |  |

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| --- |
| * Regarding required documents except IFES Forms, only scanned files (in PDF format) are valid. Image files will not be counted toward the application. (Please do not upload pictures taken with your cell phone.)
* The application form and all required documents must be submitted in English or Korean. If documents are submitted in other languages, please submit both the original file and a verbatim translation.
* Please submit the application form (ONE Word file) and other required documents (ONE PDF file) via email. You should submit 1 Word file and 1 PDF file.
* File format (Fellowship or Scholarship)

Ex. Fellowship applicant1. Fellowship\_2021\_LAST NAME, FIRST NAME\_Application form
2. Fellowship\_2021\_LAST NAME, FIRST NAME\_Required Documents
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