



EAST-WEST
CENTER

FAXED COPIES NOT ACCEPTED

Application Deadline: December 1 (or following Monday if deadline falls on a weekend)
2018 ASIAN DEVELOPMENT BANK–JAPAN SCHOLARSHIP PROGRAM APPLICATION

Please refer to the instruction booklet to complete this form and to check for specific requirements in addition to this form. Print or type answers.

1. Type of application <input type="checkbox"/> New <input type="checkbox"/> Reapplying (specify category and year of last application):				2. <input type="checkbox"/> I wish to be considered for funding by the East-West Center Graduate Degree Fellowship Program (GDF), if eligible. (Review item #2 in the Instructions For Completing The Asian Development Bank-Japan Scholarship Program Application Form)			
3. Family name, Given name, Middle name(s), Other name(s) (as it appears on your passport)						4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Complete current or local mailing address, including Street and Apt #, City, State/Country, Postal code					6. Last day at this address (month/day/year)		
7. Complete permanent mailing address, including Street and Apt #, City, State/Country, Postal code					8. Birthplace (City, State or Country)		
9. Birth date (month/day/year)		10. Country of citizenship		11. Country of legal permanent residence		12. Email address	
13. Office phone #		Home phone #		Cell phone #		Fax #	
14. Have you received a scholarship administered by the EWC before? If so, when and what type?				15. Have you participated in an EWC program? If so, specify dates and program.			
16. List in order of your attendance all colleges/universities in which you have enrolled. Include the one in which you are currently enrolled, if any. Begin with the most recent institution. Please do not write in the far left column.							
Name of institution	Location (City, State or Country)	Date (month/year)		Major	Degree or diploma received or expected	Date received or expected	
		From	To				
17. I am presently <input type="checkbox"/> enrolled as a: <input type="checkbox"/> classified (degree-seeking) student at _____ or <input type="checkbox"/> unclassified student at _____ I am presently <input type="checkbox"/> employed as a _____ at _____							
18. LETTERS OF REFERENCE Please do not write in the far left column.							
Name			Title and Name of Organization				
19. TEST/EXAMINATION REQUIRED (see instructions)			20. List all languages you speak or of interest to you.				
Date taken		Sent to					
TOEFL							
IELTS							
Other:			21. List other institutions to which you are applying.				
***** PLEASE DO NOT WRITE BELOW THIS LINE *****							
<input type="checkbox"/> TOEFL			Essay <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
<input type="checkbox"/> IELTS			<input type="checkbox"/> CV or Resume				
Transcripts and Degree Certificates <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/> Cover letter				

22. I wish to pursue the following ADB-JSP eligible Master's degree program(s) [Maximum of two programs may be listed in order of preference].

23. List the countries in which you have traveled or resided (indicate places and dates).

24. List the titles of publications you have authored (indicate subject, date, and place).

25. List the scholarships, fellowships, or grants you have received.

26. List other scholarships and fellowships for which you are applying.

27. How did you learn about the ADB-JSP Scholarship? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Newspaper or magazine | <input type="checkbox"/> EWC staff (name): _____ |
| <input type="checkbox"/> Scholarship database | <input type="checkbox"/> Professor (name): _____ |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Current or former EWC participant (name): _____ |
| <input type="checkbox"/> EWC web site | <input type="checkbox"/> EWC information session (location): _____ |
| <input type="checkbox"/> Educational advising office | <input type="checkbox"/> Graduate department/university (name): _____ |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Conference (name): _____ |
| | <input type="checkbox"/> Other (please explain): _____ |

NOTE: To complete your application, review the ADB-JSP Overview and Application Information document for other required supporting materials.

APPLICANT'S CERTIFICATION

I hereby certify that the information I have given on this application is complete and correct to the best of my knowledge, and that I have attended no institutions other than those listed on this application. I understand that the concealment of such information may result in the rejection of my application or disciplinary action if discovered after enrollment. I understand that it is my responsibility to arrange for the forwarding of official transcripts of records from all schools specified in the Overview and Application Information document, and such transcripts and other application materials become the property of the East-West Center and will not be returned to me.

Please be sure that photocopies of your application/documents needed for your own personal use are made BEFORE submitting them to the East-West Center. The East-West Center WILL NOT make any photocopies of any materials submitted as part of your application.

Date: _____ Signature of Applicant: _____