



MINISTRY OF EDUCATION AND CULTURE  
THE GOVERNMENT OF THE REPUBLIC OF INDONESIA  
Jalan Jenderal Sudirman – Senayan, Jakarta  
Phone/Fax: (+6221) 5724707, 5711144 ext. 2610  
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**DARMASISWA SCHOLARSHIP PROGRAM  
APPLICATION FORM**

**A. PERSONAL INFORMATION**

Family Name: \_\_\_\_\_

Name: Mr/Mrs/Ms \_\_\_\_\_

Citizenship: \_\_\_\_\_

Religion: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Validity of \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  (Home)/Cell-phone: \_\_\_\_\_

(Office): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Marital status:**  Single  Married (approved by copy of marriage certificate)

**Do you have a husband/wife or any dependants?**

(Please give details of name, relationship and date of birth)

No	Name	Relationship

**Where do you prefer for stay?**

(If you choose homestay, please fill out the homestay application form)

Homestay  Boarding House  Dormitory

affix photo here  
4 X 6 cm

**DARMASISWA SCHOLARSHIP APPLICATION FORM**

**Person to be notified in your country and in Indonesia in case of emergency:**

In your country	In Indonesia
Name: _____	Name: _____
Address: _____	Address: _____
Home/Cell Phone: _____	Home/Cell Phone: _____
Relationship: _____	Relationship: _____

**B. ACADEMIC BACKGROUND\*\***

University/Institute Attended after High School	Years Attended From To	Degree Obtained/Expected (incl. Field of Study)	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Academic Referees**

Please provide the names and address of at least 2 persons you've asked to forward confidential references to the scholarship office. One of these referees must be either your proposed Chief Supervisor or a member of academic staff at the institution at where you obtained the entry qualification.

**Those references (ideally on letterhead paper) must be attached.**

Title and Name of Referee 1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title and Name of Referee 2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Language: State proficiency Fair-Good-Advance**

No	Language	Skills		
		Speaking	Understanding	Writing
1	Bahasa Indonesia			
2	English			
3	Other:			

**DARMASISWA SCHOLARSHIP APPLICATION FORM**

**C. PROPOSED PROGRAM AND FIELD OF STUDY\*\***

(Check one program and subject of study)

- 1. Put a checklist (√) in the box below with the following description:
  - a. If you choose the first option and you don't pass the selection, it is not acceptable to follow the Darmasiswa Scholarship Program.
  - b. If you choose the second option, it means that you would be ready to be placed at any universities in accordance with Ministry of Education and Culture.
  - c. If you choose both options, the first option is not pass, and then you would be ready placed at any universities in accordance with Ministry of Education and Culture.

**First Choice (Your own choice)**

Place of Study : \_\_\_\_\_

Subject of Study : \_\_\_\_\_

**Second Choice (Ready to be placed to any other university)**

- 2. Outline your proposed field of study and indicate the practical use to be made of this study. If you are acquainted with the possibilities of study offered in Indonesia, list of institutes or projects you propose to study or specific course you wish to attend and elaborate your future breakthrough after completion of the program.

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*(attach additional pages)*

DARMASISWA SCHOLARSHIP APPLICATION FORM

D. PROFESSIONAL BACKGROUND\*\*

List your work experience since university graduation. Start with the most current one.

Dates (To-From) Position Name of Institution Responsibility (indicate month)

Table with 4 columns: Dates (To-From), Position, Name of Institution, Responsibility. Three rows of empty lines for data entry.

E. SOCIAL AND COMMUNITY INVOLVEMENT\*\*

List professional, societal, fraternities or other organizations in which you now hold membership or in which you have been active in the past. (Indicate if you have held an elective office):

Year Position/Organization Responsibility

Table with 3 columns: Year, Position/Organization, Responsibility. Four rows of empty lines for data entry.

If you have ever traveled or lived outside Indonesia, please specify dates, countries and purpose\*\*

Dates Country Purpose

Table with 3 columns: Dates, Country, Purpose. Four rows of empty lines for data entry.

F. HOW DO YOU LEARN ABOUT DARMASISWA SCHOLARSHIP PROGRAM

News paper ads Friend Website Other:

If you are currently applying for other scholarship programs, please specify program and status of your application

Name of Program Type of Program Applied Time Period

Table with 3 columns: Name of Program, Type of Program Applied, Time Period. Two rows of empty lines for data entry.

## DARMAISWA SCHOLARSHIP APPLICATION FORM

### DECLARATION

- I hereby certify that the information I have provided on this application form and in any attached materials is accurate and true to the best of my knowledge and belief, and I agree to notify Ministry of Education and Culture (MoEC) of any change in the above information or of any further information that might affect my eligibility for consideration as a prospective recipient of the Darmasiswa Scholarship award.
- I understand that by completing this application form there is no assurance that I will be awarded the scholarship.
- I will not change either subject or place of study prior or upon arrival in Indonesia.
- I will not involve myself in any political activities or doing criminals during my study in Indonesia.
- I will not undertake any work for profit or earn living during my study in Indonesia.
- I will not involve in any drug traffic: active user or drug-seller.
- I will not do and perform immoral acts.
- I will not perform activities of a certain ideologies or indoctrination.
- I will not travel out of Indonesia during the academic period.
- I will not bring the family during the study period even though at my own expense.
- I fully responsible for my own luggage/goods if its lost prior or upon arrival in Indonesia. Have them in my hands custody.
- I will refrain myself from being pregnant.
- I have to abide by the regulation of the government of Indonesia and as well as the Host University.
- I intend to return to my country at the end of the period of study.
- I accept to be sent back to my country if I violate the said regulations and the stay permit regulation in Indonesia.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:**

\*\*Please attach additional pages if necessary.

**THIS FORM IS TO BE FILLED OUT COMPLETELY AND ACCURATELY.  
WE REGRET INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.**