

[Form 1]

2018 대한민국정부초청 외국인 학부장학생 지원서

(Application for 2018 KGSP for an Undergraduate Degree)

공관 전형 / via Korean Embassies

- 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, 1994 → 1994/01/30)
- Choose up to 3 preferred universities and departments (or majors) respectively
: a department (or major) only for a preferred university

지원자명 (Applicant's name)	성 (Family name) / 이름 (Given name) / Middle name		
국적(Nationality)		생년월일(Birth-date) (yyyy/mm/dd)	
추천 유형 (Type of Application)	<input type="checkbox"/> 일반추천(General) <input type="checkbox"/> 재외동포 추천(Overseas Korean)		
희망 계열 (Desired Field of study)	<input type="checkbox"/> 인문사회(Humanities & Social Sciences) <input type="checkbox"/> 자연공학(Natural Sciences & Engineering) <input type="checkbox"/> 예체능(Arts and Physical Education)		
언어능력 (Language Proficiency)	한국어(Korean Proficiency)	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner	
	영어(English Proficiency)	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner	
수학 희망 대학(Preferred Univ.)	1	2	3
희망 전공 (Preferred Dept.)	1	2	3

□ Checklist (Submission of Documents)

- Please put a v 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			
②	서약서 One NIIED Pledge			N/A			
③	자기소개서 One Personal Statement			N/A			
④	수학계획서 One Study Plan			N/A			
⑤	추천서 2부 2 Recommendation Letters (from 2 different recommenders)			N/A			
⑥	자가건강진단서 One Self Medical Assessment			N/A			
⑦	고등학교 졸업증명서 One Graduation Certificate of High school						
⑧	고등학교 성적증명서 One High school Grade Transcripts						
⑨	본인 및 부모 국적 증명서 One Certificate of Citizenship (Applicant & Parents)						
⑩	수상실적 (해당자만) Awards (Optional)						
⑪	재외동포 증명 서류 (해당자만) Overseas Korean Documents (Overseas Koreans only)						
⑫	한국어 또는 영어 능력 공인 인증서 (해당자만) One Certificate of Korean or English Proficiency (If applicable)	C. of Korean Proficiency		N/A			
		C. of English Proficiency		N/A			

□ 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 x4cm
		성(Family Name)	이름(Given Name)	Middle Name	
	영어* (English)				
		성(Family Name)	이름(Given Name)	Middle Name	
성별 (Gender)	<input type="checkbox"/> Male <input type="checkbox"/> Female	생년월일(Date of Birth: yyyy/mm/dd)			
		결혼여부(Marital Status)		<input type="checkbox"/> Single <input type="checkbox"/> Married	
출생지 (Place of Birth)	City/Province and Country			여권번호 (Current Passport Number)	
국적 (Nationality)				여권 유효기간 (Passport Expiration date)	
주택 (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)						

□ 학력 (Education: including Elementary School): Please list most recent first

입학일 (Entrance Date) (yyyy/mm/dd)	졸업일 (Graduation Date) (yyyy/mm/dd)	기관명 (Institution)	소재지 (Location: city/country)

□ 고등학교 성적 (High School Grades; Only for the semesters attended)

학년 (School Year)	1학년 (1 st year)	2학년 (2 nd year)	3학년 (3 rd 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)

□ 한국기관에서 수여 받은 장학금 (Previous Scholarship Awards Received from Korean institutions)

장학금명 (Title of Award)	기간: 연월일 (Period: yyyy/mm/dd)	지원 기관 (Institution)
	~	
	~	

□ 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)

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]

KGSP Applicant Pledge

As an applicant for the 2018 Korean Government Scholarship Program (KGSP) for Undergraduate Degree, I pledge to abide by the followings;

 Please read each article and check the box below

- (1) All documents I submitted to NIIED are true; ☐
- (2) I will abide by all the Korean laws and ordinances; ☐
- (3) I will respect and uphold the values of the Korean culture and society; ☐
- (4) I will fulfill my responsibilities as a KGSP scholar to the best of my abilities; ☐
- (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 NIIED's decision concerning the undergraduate degree program and the Korean language program; ☐
- (8) I understand it is not permitted to change the university, either for the Korean language program or for the degree program; ☐
- (9) I will observe the regulations of NIIED and the university; and ☐
- (10) I give permission to NIIED to use my personal information for KGSP ☐

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 the suspension or cancellation of the scholarship.

DATE(yyyy/mm/dd): .

NAME OF THE APPLICANT

SIGNATURE OF THE APPLICANT

[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)	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner	영어능력 (English Proficiency)	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner

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

<p>A. 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.</p>
<p>B. 학위과정 수학 계획 (대학 및 전공 선택 이유, 학업 목표와 계획, 수학 후 계획을 기재하고, 진학 희망 대학별 전공이</p>

다른 경우에는 분리하여 기술하십시오)

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

· Type or print in English or Korean, not exceeding 2 pages in length.

To be completed by the applicant:

Please fill in your name and other information below. If possible, let your recommender know your study plan in Korea when ask him/her to write this letter. Please note that recommendation letters that are not sealed and signed will not be accepted.

Applicant's Name:

Current/Last (High) School:

Date of Birth (yyyy/mm/dd) _____ E-mail:

Desired Field of study	<input type="checkbox"/> Humanities & Social Sciences <input type="checkbox"/> Natural Sciences & Engineering <input type="checkbox"/> Arts and Physical Education		
Preferred Universities			
Preferred Departments (or Majors)			

To be completed by the recommender:

Your frank and candid appraisal of the applicant will be highly appreciated in the process of selection of Korean Government Scholarship recipients and the admissions to a Korean university. Please make 3 photocopies of the letter after writing it and sign all copies (1 original and 3 photocopied letters) respectively. And please return them sealed in an official envelope which is signed across the back flap; otherwise, they are not valid.

Name: _____ E-mail:

Title, Position and Institution:

Address:

_____ Telephone:

How long have you known the applicant and in what context?

Please assess the applicant's qualities in the evaluation table given below. Rate the applicant compared to other individuals whom you are familiar with.

Classification	Truly Exceptional	Excellent	Very Good	Good	Below Average	N/A
	Top 2%	Top 10%	Top 25%	Middle 50%	Lower 25%	
Academic Achievement						
Future Academic Potential						
Integrity						
Responsibility/Independence						
Creativity/Originality						
Communication Skills						
Interpersonal skills						
Leadership						

Please provide us with comments 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 program.

DATE(yyyy/mm/dd): . . .

NAME OF THE RECOMMENDER

SIGNATURE OF THE RECOMMENDER

[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 HIV, TBPE drug test) after coming into Korea in accordance with the requirements of the Korea Immigration Service and the KGSP. 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)			
② Have you had any serious ailment, injuries or diseases (high blood pressure, diabetes, tuberculosis, any type of Hepatitis, HIV, etc) in the last five years? (If yes, please explain)			
① Have you been hospitalized in the last two years? (If yes, please explain)			
② 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)			
③ Have you ever been addicted to any substance? (If yes, please explain)			
④ Do you have any allergies? (If yes, please list them)			
⑤ Do you have any visual or hearing impairment?			
⑥ Do you have any physical disabilities?			
⑦ Do you have any cognitive/mental disabilities?			
⑧ Are you taking any prescribed medication? (If yes, please explain)			
⑨ Are you on a special diet? (If yes, please explain in detail)			
⑩ 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

. Date taken: _____
 . Findings: _____

4. Laboratory Examination

Hemoglobin: _____ Gm/dl _____
 Urine: S.G. _____ Sugar _____ Micro _____
 .Hepatitis B: _____
 .Stool for Parasite Oval: _____
 .Serological 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		