Course to which you are applying¹ E1 E2 YOU MAY APPLY TO THIS SCHOLARSHIP PROGRAMME BY EMAIL ONLY APPLICATION FORM

HUNGARIAN UNIVERSITY SCHOLARSHIP AND COMPLETE COSTS OF EDUCATION (2023)¹

Family name (as in passport):			photograph here
Given name(s) (as in passport):			
Birth name:			
Mother's birth name::			
Home country /Citizenship (if other):			
Date of birth (day/month/year):		Place of b city / coun	irth (at the time of birth, try):
Gender Male Female	Marita	l status Single	Married
Passport No/ or other identity card			
No Current Residential Address Street, Nr.:			
Suburb, Town:			
Postcode, Country:			
Postal Address (if different):			
Office Tel. N°. (incl. Area Code): Mobile Tel. No. (incl. Area Code.):	the control of the co		
EDUC	TIONAL BACKGRO	UND	Deerse and Field of
Higher Educational Institution/Loc	ation Years atter	ided (from-to)	Degree and Field of study
2.			
3. 1 F1 – Master in Agricultural Water Mar	agement Engineering		

E2 - Master in Biotechnology

² Travel costs to and from Hungary not included

SCHOLARSHIP PROGRAMME - HUNGARIAN MINISTRY OF AGRICULTURE

Language	excellent	good	fair	p001.	Level and name of official exam		
English							
OCCUPATION							
Name of Employer, Address							
Occupatio	n						
	OTHER						
1. Fellowships previously awarded			ded				
2. Have you previously studied or worked in Hungary? If so, please specify							
3. Plans after the completion of studies							
3. Any other comments:							

This form must be completed in English. It will not be processed in any other language.

Please E-MAIL the following documents in English in PDF or JPG format, NAMED according to their contents (without names of files application will not be processed)

- this application form with selected course indicated at top (remember to add your Photo)
- curriculum vitae
- a copy of high school/college diploma and transcript /report of study or copy of the diploma attachment
- a copy of certificate of proficiency in English
- copies of relevant pages of passport
- one letter of recommendation (from your school, or workplace, if employed)
- statement of motivation
- Health Certificate issued by Medical Doctor
- Certificate of Good Conduct issued by local police authority.

I hereby certify that all information given in this form is true and correct.

Date	Applicant's signature	

Please EMAIL this application together with your COMPLETE dossier to:

REU-Scholarship@fao.org

Applications are accepted between 15 January and 28 February 2023.

Students must submit only COMPLETED dossiers. Incomplete dossiers will not be considered.