ISLAMIC DEVELOPMENT BANK

MASTER SCHOLARSHIP PROGRAMME

APPLICATION FORM

Name (As in your Passport)	
Nationality	INSERT YOUR
Field of Study	PHOTO HERE

Eligible member countries:Afghanistan, Benin, Burkina Faso, Chad, Comoros, Djibouti, Gambia,
Guinea, Guinea-Bissau, Maldives, Mali, Mauritania, Mozambique,
Niger, Palestine, Sierra Leone, Somalia, Togo, Uganda & Yemen.

Please make sure that you meet all the criteria of the programme listed hereunder. Application will not be considered eligible failing to meet any of the criteria. (Failing to tick the appropriate box in each of the following items may lead to cancellation of your application)

1.	I am a citizen of one of the 20 eligible member countries	YesNo
2.	I am not more than 30 years old	YesNo
3.	I obtained my Bachelor degree in academic outstanding/grades	YesNo
4.	I am nominated by my Institution/University	YesNo
5.	I am committed to return to my country after graduation	YesNo
6.	I am not in receipt of any other scholarship	YesNo
7.	I am medically healthy and agree to undergo medical tests	YesNo
	Later (not now), if selected	
8.	My proposed field of study is within the programme's required fields	YesNo
9.	I have proven proficiency in English or/and French languages	YesNo

Please note that <u>only</u> selected candidates will be contacted.

PLEASE ANSWER ALL QUESTIONS IN BLOCK LETTERS; DO NOT USE ANY ABBREVIATIONS; FOLLOW ALL INSTRUCTIONS; IF YOU CANNOT ANSWER, PLEASE EXPLAIN. THANK YOU !!!

A. <u>PARTICULARS ABOUT THE APPLICANT</u>

1. Name in full: Mr/Mrs/Ms (circle appropriate title)			
2. Date and Place of Birth_			
3. Religion			
4. Nationality : Present (<i>As proof of nationality - bin</i>	; at birth:; <i>rth certificate or passport copy</i>	- must be submitted)	
Number of Children_	l c-Divorcee d-Widow Age range of child		
6. Your home address: Ap	oartment/House No:	; P.O. Box:	
Province/State: Telephone: Country code	; No:; Town/City: ; Pos e; City code: Phone	tal Code: e number :	
Mobile number: 1 E-mails: (Mandatory) 1-	2-:	2	
7. Contact information (you	n must complete this item, in case of urg	gency):	
City name:	; Robile;	_Tel:	
8. Father's name:		; Age:	
His job/position: Number of his children (; Monthly inco (excluding yourself): ı):	me:	
Tel:	Mobile:	Email:	
9. Do you have any relativ	ve/friend/acquaintance at th	ne IsDB? Yes No	
If yes: Name:	; Position:;]	Relationship:	
	l before ? Yes (year: I did not join (reasons) :		

B. <u>ACADEMIC BACKGROUND</u>

1.	Bachelor degree: Name of University:	
	Town/City: Country:	
	Field of study:	; Length of study: years
	Degree obtained Date of graduation:	;

 <u>Grades:</u> Tick (final/overall) grade average you obtained: Obtained Grade/ GPA: ______
 Stand as : Excellent □ Very good □ Good □

Note: Grades must be provided. If not, your application will <u>not</u> be processed!

- **3.** <u>**Ranking:**</u> Indicate your exact ranking in your graduating class: _____ in a class of _____ students. <u>Note:</u> *Exact ranking is required by some schools for admission purposes.*
- 4. Language Proficiency (Write: Excellent, Good or Fair):

	<u>Reading</u>	<u>Writing</u>	<u>Speaking</u>
English			
French		<u> </u>	
Arabic			

Note: Your language proficiency must be supported by a document or <u>certificate</u>, e.g., for English, by a recognized language certificate such as TOEFL or passed required level test conducted such as by British Council or equivalent system in French):

Exact TOEFL/other language test score: _____; When/in what year taken: ____; Copy <u>attached</u> **Now**; ____ **Not (yet**); ___ **Will be supplied later**; ___ ; Cannot take TOEFL/language test in my country____.

5. <u>Any other relevant facts or achievements (such as written works,</u> projects completed, etc) which you wish to add (you may submit copies, if any):

C. <u>PROFESSIONAL BACKGROUND</u>

2.

3.

4.

5.

6.

1. Name of Institution/Organization where you work now_

(Please do not use abbreviations)	
Type: Academic \Box Research \Box Pu	ıblic/ Private \Box Govt. Organization \Box
Town/City	Province/State:
Felephone (with country and city codes):	Fax
E-mail:	Employed since
	not clear, we will not be able to contact you All yo nstitution, above; if you do not work, all your mails w
Date employment begun:	ployed); ; Name <u>and</u> title of your immediat Tel:; Email:;
b) <u>In your proposed field of study</u> :	working: a) <u>In general:</u> year years Upgrading taken/received (please atta
Field:; Sponsored by: Field:; Sponsored by: Field:; Sponsored by:	; Location:; Date:; Location:; Date:; Location:; Date:; Location:; Date:;
	received for academic or profession _ (If yes, please attach certificates):
Title:	For what:
Given by whom:	; Year given:
former teachers/professors; request them to con	d to you and two of them must be your current or mplete the form at the back of this Application Form, nvelopes and mail them along with your application

Name:	; Relationship:;
Name:	; Relationship:;
Name:	; Relationship:;

D. <u>PLAN OF STUDY</u>

1. Indicate your proposed field of study: _____; Your proposed research area: _____;

Briefly describe below what you would like to study and/or research and why (from the scientific point of view and from the development needs of your country). Note: If this area is blank, will not be able to seek or secure admission for you):

A) Research Topic:

B) Purpose of the study:

C) Relation with the developmental needs of your country:

(Use extra paper and attach it to your application form if needed)

2.	Do you have an admission already?
	Yes (attach your admission letter); No Possible
	(Name University and country):
	Note: Admission is desirable but not necessary until after final selection.

3. Which country do you prefer for your study? My own country____; Other:_____;

4. Duration of study under the Programme is for two (2) years maximum. Indicate your preference:

a- M.Sc by course work only; _____.
b- By research only (including writing a thesis); ______
c- Both ______;
d- In what language of study: English; _____ French; _____ Arabic _____.

E. <u>DECLARATION OF THE APPLICANT</u>

- 1. I certify that all information given in this application is complete and correct to the best of my knowledge.
- 2. I understand that any false information found therein may result in the ineligibility for my application or termination of my scholarship at a later date.
- 3. I also declare that I have never been convicted of any criminal behavior in my life. If this statement is found to be untrue now or at a later date, my application will be considered ineligible and any scholarship obtained will be terminated instantly.

Signature: _____ Date: _____

F. ATTESTATION BY THE HEAD OF INSTITUTION WHERE YOU

WORK OR NOMINATING YOU: (If this section is not completed or without a signature, the application will be considered invalid and will not be processed):

- 1. _____ All the particulars provided in this application are genuine and correct.
- 2. <u>Yes</u> (The applicant works at my Institution) <u>No</u> (The applicant is <u>not</u> working at my Institution)
- 3. If the applicant is awarded the M.Sc Scholarship, he/she will be treated like all beneficiaries of scholarships (whether from the Government or international institutions), i.e., that:
 - 3.1 *he/she will be regarded as being on leave during the tenure of the M.Sc Scholarship;*
 - 3.2 *his/her right to return, resume duties as before or as deemed necessary and undertake (further) research will be respected and facilitated;*
 - 3.3 every effort will be made to ensure that the outcome of the training and research undertaken will be fully absorbed and utilized.

Name/Title of Head/Director:

Name of Nominating Institution:

(in BLOCK letters, no abbreviation)

Signature:	Date:
- 0	

Official stamp here (->)

G. <u>DOCUMENT CHECKLIST</u> (Please send all the following and tick to indicate you have done so):

1.	Completed Application Form	YesNo
2.	Two (2) passport-size photos	YesNo
3.	Your curriculum vitae	YesNo
4.	Your B.Sc diploma	YesNo
5.	Your B.Sc transcripts	YesNo
6.	Your birth certificate	YesNo
7.	Three (3) letters of reference in sealed envelopes	YesNo
8.	Certificate of English Language Proficiency	YesNo
9.	Passport copy	YesNo
10.	Admission letter from one university	YesNo

H. FORM FOR THREE (3) LETTERS OF REFERENCE:

Dear Referee:

Please fill out this form and provide, to the best of your ability the most accurate and up-to-date information on the student below. <u>Kindly put it in a sealed envelope and return it to the student</u>.

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This reference is evaluated using a point system so your reference must be in this form and not in a letter or any other form. If a letter or another form is used, the students will not get the necessary points. Thank you.

1.	Student name:	Cour	ntry:
2.	How long have you known the student?		
3.	In what capacity (as student, coll	eague, staff, etc)	:
4.	Do you know his/her father/family? Very well ; Casually : No Their economic situation: well-off and can pay for the student's education; Cannot pay for the student's education;, Very poor		
5.	How do you rate the student's over 10° . The 25° is the student by the student is the student in the student is the student in the student is the		-
	Top 10%; Top 25%; Abox		
6.	Please tick/explain as appropria	te of the student	'S:
	Personality: Commitment to his/her Institution: Commitment to returning after study? Ability to get along with others: Communication skills: Language ability: Verbal communication: Writing skill: Research ability:	Strong; Yes; Good; Excellent; Excellent; Excellent; Excellent;	Pleasant; Other (Specify): Other (Specify): Maybe; Don't know Other (Specify): Good; Other (Specify): Good; Other (Specify): Good; Other (Specify): Good; Other (Specify): Good; Other (Specify):
7.	Do you recommend him/her to strongly; Highly;		-
-			

8. Any other comments you wish to add:

Your name:		Position:
Address:		
Tel:	Fax:	e-mail: