MINISTRY OF FOREIGN AFFAIRS OF THE REPUBLIC OF INDONESIA
DIRECTORATE GENERAL OF INFORMATION AND PUBLIC DIPLOMACY
Jl. Taman Pejambon No. 6 Jakarta Pusat 10110

INDONESIAN ARTS AND CULTURE SCHOLARSHIP 2017
(SPECIAL PROGRAM)
Application Form

A. Personal Details

1.Name
a. Family name / Surname

b. First or given name(s)

2.a. Date of birth
- -
b. Place of birth

3. Sex ☐ Male ☐ Female

4. Nationality

5. Religion (optional)

6. Passport
a. Number

b. Date of issue
- -
c. Valid until
- -

7.a. Permanent address in home country

b. Telephone number (include country code)

c. e-mail address

8. Marital status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

9.a. Occupation

b. Name of employer or school

c. Address of employer or school

10. Person to be notified in case of an emergency

a. In Indonesia

i. Name

ii. Relationship

iii. Address

iv. Telephone number

b. In home country

i. Name

ii. Relationship

iii. Address

iv. Telephone number

B. Academic Background

University / Higher Education Institution	Subject	Degree obtained / expected	Year

C. Language (insert ✓ mark where appropriate)

	None	Basic	Conversational	Fluent
Indonesian				
English				

D. Professional History

Company / Organization	Position	Year

E. Travels

Countries	Reason	Year

F. Special Needs (allergies, food restrictions, etc.)