







HOPES scholarship program for graduate studies funded by the EU 'Madad Fund'

Application Form

	Please note: You may only submit ONE application
	Instructions:
1. 2.	Complete all parts of the application in ENGLISH . Application Ref. No(for internal use only). Place X in the appropriate blank provided.
	Date:
	UNHCR Asylum Seeker Certificate No./Proof of Registration No.
	UNHCR Individual No.
	Ministry of Interior (MoI) card No
l.	Part I - Applicant's Personal information
	Full Name:
	(First Name) (Second Name) (Third Name) (Family Name)
	Gender: Male Female
	Place and Date of Birth: (Country) (Town or Village) (Day) (Month) (Year)
	Nationality:
	Marital Status: Single Married Divorced Widowed
	Current Residential Address:
	E-mail address:
	Mobile Phone No: Other Mobile No:
	Family Background
>	Father's occupation (in Syria before the war and now):/
>	Mother's Occupation (in Syria before the war and now):/



High school certificate Stream: _____





>	Father's country of	of residence	e:	Mother's country o	f residence:
>	Average family m	onthly inco	ome:		
>	How much are yo	u paying m	nonthly for residence (if	applicable)?	
>	Number of sibling	s in the far	mily (including applicar	nt):	
Ple	ease fill out informa	tion below	about your siblings / s	pouse if married or other de	ependents:
	Name	Age	Relationship	Educational Degree Achieved up to date.	If working, indicate where they work and their average monthly income
II.	Part II – Previous 1. High Sch Name of High Sch Public Priv	ool: Iool Gradu			
	Country of High s	chool:			

Graduation Year: ___







High	school	GPA/Rate:	

2. Universities or institutions attended:

Name of University	Country	No. of years or credit hours completed	Field of study	Degree obtained	Overall grade

Mother tongue	Read	Write	Speak					
Other languages								
Have you completed any E	nglish courses	s? If so, p	lease state	where, wh	hen and	for how	long:	







Please list all previous o	ir current emptoym	lents you nave i	iau, begiiiiiiig	with the most	recent.
Name of company/institute/	Title of position	Country	Attende	d From/To	Salary Per Month
Other			Mo./Year	Mo./Year	
> Voluntary wor	k experience:				
Name company/institute/ other	Title of pos	sition	Count	try	Duration (from – until)

IV	DADT IV	DIANNED	FDLICATION

*The HOPES scholarship program covers two years of Master's degree.

Have you received an official acceptance letter from the designated university for the Master's program for the upcoming academic year 2017-2018?
Length of time expected to complete program of study in years:

Please specify the university and major in which you would like to pursue your master degree: (the priority will be given to the mentioned universities in the table)

University	Priority Majors	
Hashemite University	1	
	2	
	3	







University of Petra	1	
	2. 3.	
Zarqa Private university	1	
	2	
	3	
German Jordanian University	1	
(Except MBA)	2	
	3	
Al Zaytooneh Univesity	1	
	2	
	3	
Al- Albayt University	1	
	2	
	3	
Other, Please specify:	1	
	2	
	3	

Essay Question:

Please	state	in a	few	lines	the	reasons	why	you	want t	o pur	sue a	a Master	's d	egree	in th	ne p	oropose	d fi	eld	0
study (be as s	spec	ific a	s poss	sible	e):														

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WITH THE SUPPORT OF









Docu	ments needed to be attached to the application in order for it to be considered for review:
	A recent photograph.
	A copy of the passport.
	A photocopy of UNHCR registration card.
	A copy of your High School Diploma.
	A photocopy of Bachelor degree transcript and graduation certificate.
Note:	You are not eligible to apply to the HOPES program if you have been awarded another scholarship.
l cert best (ify that my statements in response to the foregoing questions are true, complete and accurate to th
I cert best o my ch	ify that my statements in response to the foregoing questions are true, complete and accurate to the form of my knowledge and belief and I understand that false information given in this application will affect