**[form 1]**

**2024 Scholarship Program Application**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal****Info.** | **Name** | ※English name as printed in passport | (photo) |
| **Gender** | Male( ) Female( ) |
| **Date of Birth** | dd / mm / yyyy  |
| **Nationality** | 　 |
| **Current Adderss** |  |
| **Contact** | (Phone Number)  |
| (E-mail) |
| (Skype ID) *※ Please enter your ID available for the video interview*  |
| **Academic****Info.** | **Doc****torate** | **Univ.** |  (Name) | (Address) |  (Major) |
| **Status** | (*1st~8th* ) semester | **Date of Admission** | dd / mm / yyyy |
| **Ma****ster's** | **Univ.** |  (Name) | (Address) |  (Major) |
|  **Status** | ( )Graduated ( )In progress (*1st~8th* semester) | **Date of Admission** | dd / mm / yyyy |
|  **Thesis** | Title: |
| **Bach****elor's** | **Univ.** |  (Name) | (Address) |  (Major) |
|  **Status** |  ( )Graduated ( )In progress | **Date of Graduation** | dd / mm / yyyy |
| **Grade** | **Master's** | Total Credit s taken : |  Grade: ( )/(*total*) ( / 100) |
| **Bachelor's** | Total Credits taken : |  Grade: ( )/(***total***) ( /100) |
| **Language****Fluency** | Language: |  Name of test: | Score: |
| Language: |  Name of test: | Score: |
| **Study****Plan** | **Theme** |  |
| **Contents** | ※Please explain briefly. |  |  |
| **Awards (Career)** | **Organization** | **Description of award / Career** | **Period or Date** |
|  | \* Enter your career and/or awards you received. |  yyyy / mm ~ yyyy / mm  |
|  |  |  |
|  |  |  |

 I confirm that the above statements are all true and apply to scholarship program of 'Korea SHE Foundation'.

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Applicant's name (sign.)

**Korea Safety Health Environment Foundation**

**[form 2]**

**Essay**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Name**  |  |  **Major** |  |
| **Degree Program** |  |

※ Please use 10pt font, and the self-introduction should be about 3 pages long.

**1. What kind of person do you want to be remembered as?**

**2. Why did you go to graduate school(background) and choose a major, school and supervisor?**

**3. Please tell us your specific study plan.**

**4. Why did you apply for this scholarship program, and why should you be a Scholarship student?**

**5. What's the biggest change for you after getting selected?**

**6. Please let me know your plans after the end of study.**

**[form 3]**

**Statement of Purpose**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Major** |  |
| **Theme** |  |

|  |
| --- |
| **○ Study Plan** |
| ※ Write freely, describing why you chose your major, plan and goal for your study, plan after your graduation, etc. (in about 3 pages). |

**[form 4]**

**Recommendation**

### **Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Major** |  |

* **Recommender**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Position** |  |
| **Affiliation** |  | **Department** |  |

* **Cause of Recommendation**

※ Please explain the followings on page 1~2.

* Your relationship to the applicant and time period you have known the applicant.
* Strengths and potentials of the applicant in your opinion.
* Weaknesses of the applicant and areas the applicant should develop.

- Reason why you recommend the applicant.

I confirm that the above statements are all true and recommend the above applicant

for scholarship program of 'Korea SHE Foundation'.

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Recommender (sign)

**Korea Safety Health Environment Foundation**

 **[form 5]**

**Research Performance Report**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Major** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **dates of Publication** | **Name of Thesis** | **Name of journal** | **Domestic/****Foreign\*** | **level\*\*** | **Author\*\*\*** |
| **Lead** | **Corr-** | **co-** |
| **1** | dd/mm/yy |  |  |  |  | ○ |  |  |
| **2** |  |  |  |  |  |  | ○ |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |

 \* Write whether the Journal is domestic or foreign one

 \*\* Level: Describe the Journal so that its level can be understood. Please add more details under the table, if necessary.

 \*\*\* Author: Check in the appropriate box.

**<Attachment> Evidences: Please attach evidences to the above research performance report**

- Please submit photocopies of the cover and the table of contents of the journal to which the thesis was published and your thesis (as published).

**[form 6]**

**Agreement to Collection and Use of Private Information**

 The Korea Safety Health Environment Foundation (“the Foundation”) cares about the private information of applicants and complies with laws related to private information. The Foundation wishes to acquire from applicants of the support program their consent on collection and use of their private information, as prescribed by Paragraph 1, Article 15 of the Personal Information Protection Act.

 **1. (Purpose for Collecting and Using Private Information)**

 Under the provisions of the Personal Information Protection Act that causes the Foundation to protect the private information, etc. of the applicants, it collects and uses their information to support the activities of persons and groups, protecting it from abuse, misuse, or unauthorized collection or disclosure.

 **2. (Private Information Collected)**

 The Foundation collects private information included in the application, such as the applicant’s name, organization, and contact details to properly select persons for its talent development program.

 **3. (Provision of Private Information)**

 In principle, the collected private information is not provided to anyone outside the Foundation. However, the private information contained in the application is provided to evaluators for selection, when the applicant has given prior consent.

 - Items provided: private information included in the application, such as name, organization, background, and contact details.

 **4. (Period of Storage & Use of Private Information)**

 The collected private information may be stored and used as long as the tasks related to the support program continue; stored for 5 years from the date when these tasks related to the support program are completed; and thereafter, completely deleted upon the person’s request to do so.

 **5. (Failure to Consent to the Collection, Use or Provision of Private Information)**

 Applicants may refuse the collection, use or provision of their private information. However, the Foundation will not accept such applications, as it cannot evaluate the related applicant for participation in the applicable support program.

 I have read the above provisions and agree to the Foundation collecting and using my private information for the purpose of the support program, etc.

  **( ) I agree / ( ) I do not agree** to the collection of private information

and provision of that private information to a third party as outlines in this agreement.

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature or seal)