



(Application for the Gachon University Scholarship)

(461-701) 1342 Seongnam-daero, Sujeong-gu,

Seongnam-si, Gyeonggi-do, Korea

Gachon Univ. Office of International Affairs

TEL : 82-31-750-5823 / FAX : 82-31-750-5674

: overseas@gachon.ac.kr / hasik@gachon.ac.kr

: <http://www.gachon.ac.kr>

4×5 cm

1. (Personal Information)

		()		
	Fax			
	E- mail			
		()		
	Fax			
	E- mail			

2. (Education)()

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~					
~					

3. (Grade) : (100)

	()		100	
	~			
	~			

4. (Work Experience)

()				
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~				

5. (Family Background)

					()

6. (Previous Visits to Korea)

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	~	

(Signature) : _____

(Self-introduction Essay)



(Date) : 20 . . .

(Name) : _____

(Signature) : _____

(



(Pledge)

1.

2.

(Name) : _____ (Signature) : _____

(Date) : 20 . . .

15 ~ 22

(,)		:
(,)		

20

: _____()



Application for the GU President Scholarship

Office of International Affairs, Gachon University
 1342 Seongnam-daero, Sujeong-gu,
 Seongnam-si, Gyeonggi-do 461-701 Korea
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 Website : <http://oia.gachon.ac.kr>

Photo
 4×5 cm
 Color

1. Personal Information

Name	Korean			
	English			
Nationality			Birthplace	
Date of Birth			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status		<input type="checkbox"/> Single <input type="checkbox"/> Married	Religion	
Hobby			Physical Condition	
Contact Information (Home)	Address	()		
	Phone Number			
	Fax			
	E-mail			
Contact Information (Work)	Address	()		
	Phone Number			
	Fax			
	E-mail			

2. Academic Background

Period	Institution	Location	Time	Major	Degree
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~					
~					

3. Grade : Grade Point Average in 100 Scale

Course	Period	GPA	GPA in 100% scale	Remarks
	~			
	~			

4. Work Experience

Period	Place of Work	Location	Position	Business in Charge
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~				

5. Family Background

Relation	Name	Age	Occupation	Address	Phone Number

6. Previous Visits to Korea

Period	Location	Purpose of Visit	Related Agency
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~			

7. Language Capability

Korean	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
English	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown

TOPIK score : _____

Test Date : dd/mm/yyyy

English Proficiency Results : _____

Test Date : dd/mm/yyyy

8. Scholarship Granted in Korea included GU President Scholarship

Title of Scholarship	Period	Institution
	~	
	~	

9. Emergency Contact

Home Country	Name		Relation	
	Address			
	Phone Number			
Expected Arr. Date		Flight		

Date : 20

Name : _____

Signature : _____

Self-Introduction




Date : 20____.

Name : _____

Signature : _____

Study (Research) Plan

Dormitory	<input type="checkbox"/> Necessary <input type="checkbox"/> Unnecessary	
Major		
Purpose of Study and Detailed Plan (Including the plan after completing the study in Korea)		
		

Date : 20____.____.____.

Name : _____

Signature : _____

Pledge

1. I, as a GU President Scholarship recipient, pledge to follow the regulations below.

- A. I will not have any occupations during the period of scholarship.
- B. I will obey the academic regulations and policy of GU.
- C. If any changes in college register such as leave of absence and personal information such as change of address occur during the time of study, I will inform the Office of International Affairs in writing or by phone.
- D. I will obey all the rules and regulations in Korea and will not get involved in any kinds of political activities such as joining political rally or protest and releasing political articles or announcements.
- E. If I get in debt in Korea, I must take responsibility for repaying debt.
- F. I will obey and cooperate with the measures taken by the university administration.
- G. GU President Scholarship recipients must finish the degree program at Gachon University. If the recipient quits the program, s/he must make a full refund of all scholarship received.

2. If the details on the application form are not true, and if there are disciplinary action and failure in studies, I shall not make an objection even if GU discontinues the scholarship payment.

Date : 20

Name : _____

Signature : _____

To President of Gachon University

Personal Information Utilization Agreement

I agree to provide my personal information for the needs of GU President Scholarship application procedure under Article 15 ~ 22 in the Personal Information Protection Law.

Consent Details

Collected Information	Purpose of Collecting	Period of Utilization and Possession
Photo, name, date of birth, address, academic background & qualifications (Institutions attended, major, graduation date, working experience & qualifications, etc.)	Identification & references for selection of scholarship recipients / To support and supervise the scholarship recipients in Korea.	· Selected Students : Permanent
E-mail address, Phone number	To make Announcements and provide information, etc.	
Condition after graduation (Address, job information, etc.)	Post scholarship management, etc.	Permanent

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Name : _____(Signature)

To President of Gachon University