**2024 GLOBAL KOREA SCHOLARSHIP**

**Undergraduate Degree Program**

**Application Checklist**

**Embassy Track (공관전형)**  **University Track (대학전형)**

**Name of Institution Receiving Application (공관/대학명): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Applicant(성명) : (Family, Given, Middle)

Country of Citizenship(국가) :

Checklist (Submission of Documents) Please check (√) in the appropriate box.



**FORM 1. 2024 Global Korea Scholarship Application**

*Items marked in the red box are required for all applicants.*

*Click the box(**) to check or uncheck.*

1. **Application Track 지원 전형**

Embassy Track 공관전형  University Track 대학전형

1. **Type of Application 지원 프로그램**

[Embassy Track]  General 일반  Overseas Koreans 재외동포

[University Track]  UIC 산학협력과정  Regional University 지방대  Associate Degree 전문학사

1. **Degree Program to Apply 지원 학위 과정**

Bachelor’s Degree 학사  Associate Degree 전문학사

1. **Desired Field of Study (Division) 희망계열** *(You can select multiple fields) \* Please refer to the “University Information” file*

Liberal Arts 인문  Social Science 사회  Natural Science 자연과학

Arts and Sports 예체능  Education 교육  Medicine 의학

Engineering 공학  Artificial Intelligence (AI) 인공지능(AI)

*Please complete the form below. It must be typed in* ***English*** *ONLY. Delete the examples when typing your own information.*

1. **Information of the Applicant 지원자 정보**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name  성명 | | *Family Name 성* | | | | Photo  Size: 3cm x 4 cm  증명사진 |
| *Given Name 이름* | | | |
| *Middle Name 중간 이름* | | | |
| *\*Please write your* ***full name*** *as indicated on your passport or official documents* | | | | | |
| Date of Birth  생년월일 | (YYYY-MM-DD)  e.g., 1990-03-27 | | Gender 성별 | | Male  Female |
| Country of Citizenship 국적 | | |  | | |
| Korean Citizenship  한국국적 여부 | Applicant  Yes  No | | | Applicant’s Parent(s)  Yes  No  (*if any one of your parents has Korean Citizenship, check ‘YES’)* | | |
| Contact Information 지원자 본인 연락처  \*Must be applicant’s | *Address* | | | | | |
| *Phone (start with the country code)* | | | | | |
| *E-mail* | | | | | |

1. **Language Abilities 어학 능력**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TOPIK Level  한국어능력시험 성적 | 1 2 3 4 5 6 급 | English Proficiency Test Scores  영어공인시험 성적 | TOEIC | e.g., 850 |
| Test Held/Test Date (회차/시험일) | TOEFL |  |
| e.g., 78th, 2021-10-16 | IELTS |  |

1. **Level of Education 학력 정보**

**High School Program (Required for all applicants)**

|  |  |  |
| --- | --- | --- |
| High School  고등학교 | High School Name 학교명 |  |
| Location (Country) 소재국 |  |
| Period of Attendance  재학 기간 | e.g., 2019-2021 (9th ~ 11th grade) |
| Date of graduation  졸업일 | *Date indicated in your graduation certificate*  *(YYYY-MM-DD)* |
| Date of expected graduation  졸업예정일 | *Date indicated in your certificate of expected graduation (required for relevant applicants)*  *(YYYY-MM-DD)* |

**Associate Degree (Required for Applicants who have Associate Degree)**

|  |  |  |
| --- | --- | --- |
| University/Institute  전문학사 기관 | University Name 학교명 |  |
| Location (Country) 소재국 |  |
| Major 전공 |  |
| Date of graduation  졸업일 | *Date indicated in your graduation certificate*  *(YYYY-MM-DD)* |
| Degree awarded date  학위 수여일 | *Date indicated in your diploma. It may or may not be the same as your graduation date.*  *(YYYY-MM-DD)* |
| Date of expected graduation  졸업예정일 | *Date indicated in your certificate of expected graduation (required for relevant applicants)*  *(YYYY-MM-DD)* |

|  |  |
| --- | --- |
| Have you ever earned a bachelor’s degree in the past? | Yes  No |

1. **Information on Academic Transcript / Grades 성적 정보**

|  |  |  |
| --- | --- | --- |
| Cumulative GPA (CGPA) of Previous program\*  직전 학위 전체평균평점 | **CGPA**  최종평균평점 | **Score Percentile**  백분율 환산 점수 |
| CGPA indicated on your original transcript  e.g., 18.3/20 | *If your transcript does not have score percentile, refer to* ***Appendix A. GPA Conversion Table*** *to convert your CGPA into 100 points scale*  **/100** |
| Converted CGPA (in 4.0, 4.3, 4.5, 5.0, or 100 scale only)  e.g., 4.15/5.0  ※ MUST be confirmed by the school/university  Yes  No |

*\* If you have (or are expected to receive) an associate degree, please fill in your grades achieved from the associate degree program*

**GPA indicated on your original academic transcript 성적표 상 표기된 학기별/학년별 평점**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | 1st year | | 2nd year | | 3rd year | | 4th year | | *\* If needed, you may modify columns* | |
| Semester  /Term | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |  |  |
| Grades or Rank | 3.95/5.0 | / | / | / | / | / | / | / |  |  |

※ *If your academic transcript only indicates CGPA and does not provide GPA per semester, then you may leave this table empty.*

1. **Choice of University and Department 지원대학 및 학과**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | University 대학 | Field of Study (Division) 계열 | Department 학과 | Other *(i.e., major)* (optional)  기타(세부전공 등) |
| **Embassy Track** | **Choice 1** | *choose universities* ***ONLY from Type B*** | e.g., Liberal Arts |  |  |
| **Choice 2** | *choose universities among Type A or B* |  |  |  |
| **Choice 3** | *choose a university among Type A or B* |  |  |  |
| **University Track** | | *choose universities among Type A or B* |  |  |  |

※ ***Attention!*** Please refer to “University Information” file posted with the application guidelines. If necessary, copy and paste.

* **Embassy Track** applicants can choose up to **THREE different** universities in any order of preference. However, Choice 1 must be from Type B universities.
* **University Track** applicants must choose **ONE** university.
* **Field of Study (Division)** and **Department** should match the information provided in the “University Information” file.

1. **Previous Visits to Korea or Currently Residing in Korea (if any) 한국 방문 혹은 체류 정보(해당자만 기재)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period  방문/체류 기간 | Purpose of Stay  방문/체류 목적 | City/Region  도시/지역 | Affiliated Organization (if any)  방문/체류 기관(해당자만) | Visa Type  비자 종류 |
| e.g., 2020.July~August | e.g., Korean language study | e.g., Seoul | e.g., GKS University | e.g., D-4 |
|  |  |  |  |  |

*※ Please put your visa type especially when you are currently residing in Korea.*

1. **Previously Received Scholarship from Korean Government or Institutions (if any) 한국 장학금 수혜사실(해당자만)**

|  |  |  |
| --- | --- | --- |
| Period  수혜 기간 | Name of the Scholarship  장학금명 | Sponsor  지원 기관 |
|  | e.g., GKS Non-degree program for foreign exchange students | e.g., NIIED |
|  |  |  |

THE ANSWERS I HAVE GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF MY ANSWERS CONTAIN ANY KIND OF FALSEHOOD, I WILL TAKE ANY LEGAL RESPONSIBILITY.

Date (yyyy-mm-dd) Applicant’s Full Name Signature

**FORM 2. PERSONAL STATEMENT**

|  |
| --- |
| *Instructions: Please type in Korean or in English. The essay must be single spaced within TWO pages, with the font Times New Roman/바탕체/돋움체, size 11. (11 points) The essay should include the following items. Please remove the instructions after reading it.*  *- Motivations with which you apply for this program*  *- Educational background*  *- Significant experiences you have had; persons or events that have had a significant influence on you*  *- Extracurricular activities such as club activities, community service activities or work experiences*  *- If applicable, describe awards you have received, publications you have made, or skills you have acquired, etc.*   * It is recommended to submit a supplementary document that can prove what you have described in this personal statement. Please number each document and submit them as “other documents”. Other documents can be submitted in simple photocopies without authentication. |

Date (yyyy-mm-dd) Applicant’s Full Name Signature

**FORM 3. STUDY PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| Language Study Plan | *o Study plans to improve Korean/English language ability required for taking a degree course before and after you come to Korea.* | | |
|  | | | |
| Goal of study &  Study Plan | | *o Goal of study and detailed study plan* | |
|  | | | |
|
| Future Plan  after Study | | | *o Future plan in Korea or another country after finishing GKS program* |
|  | | | |

*Instructions: Please type in Korean or in English. The essay must be single spaced within THREE pages, with the font Times New Roman/바탕체/돋움체, size 11. (11 points) Please remove the instructions after reading it.*

Date (yyyy-mm-dd) Applicant’s Full Name Signature

**FORM 4. RECOMMENDATION LETTER**

*Instructions: Please fill in your name and other required information below and deliver (or email) this form to the person who will write the recommendation letter. Request your referee to seal the letter of recommendation in an official envelope and sign across the back flap. Recommendation letters that are not dated, signed, or sealed will not be accepted.*

Name of Applicant: (Family Name) (Given Name)

Country of Citizenship:

Desired Degree Program:  Bachelor’s Degree  Associate Degree

Intended Major:

**To be completed by the referee:**

*Your frank and candid evaluation of the applicant will be highly appreciated in the selection of Global Korea Scholarship awardees and the admissions to a Korean university. We greatly appreciate your time and effort.*

**\*You may use your own recommendation letter template and attach your letter to this form. We hope to glean the following information of the applicant from your recommendation letter:**

- How long have you known the applicant and in what relationship?

- What are applicant’s capabilities, strengths, and weaknesses? (in regards to academic achievement, passion and interest for intended major, future academic potential, integrity, responsibility, independence, creativity, adaptability, communication skills, and others)

- Please comment on the applicant’s performance record, potential, or personal qualities which you believe would be helpful in considering the applicant’s application for the proposed degree program.

Recommender’s Name

Recommender’s Signature Date

Position or Title: School (Institution):

Address:

(zip-code: )

Email: Tel:

***! Instruction for the recommender: After completing the recommendation letter, please add date and your signature at the bottom. Recommendation letters that are not signed and dated will not be considered valid. Please attach this form and your recommendation letter sealed in an envelope (sign across the back flap) and deliver the sealed envelope to the applicant.***

***!! For the recommenders of Embassy Track Applicants: Please printout or make three additional photocopies of the letter you wrote and sign all copies (1 original and 3 photocopied letters) respectively. Please enclose all 4 letters and this form altogether in an official envelope and sign across the back flap.***

**FORM 5. GKS APPLICANT AGREEMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **As an applicant for 2024 Global Korea Scholarship for Undergraduate degree program, I agree to abide by the following;**   1. The information I have provided in this application forms are true and accurate and all documents I submitted to the National Institute for International Education (hereafter NIIED) are genuine. 2. I understand that all the documents submitted to NIIED for GKS will not be returned regardless of the final outcome of the selection process. 3. I will abide by all the Korean laws and ordinances. 4. I will respect and uphold the values of the Korean culture and society. 5. I will fulfill my responsibilities as a GKS scholar to the best of my abilities. 6. I will not participate in any form of political activities (such as organizing or joining a political party, attending political meetings, publishing articles and declarations, and organizing or participating in political demonstrations). 7. I will maintain financial integrity at a personal level. 8. I accept NIIED’s decision concerning the degree program and the Korean language program. 9. I understand that once I am selected as a GKS scholar. I am not permitted to change the university, either for the Korean language program. 10. I will abide by the academic regulations and requirements of NIIED, Korean language institution, and university. 11. I understand that if I have any dependents that will accompany me to Korea, I am responsible for all matters concerning those dependents such as visa issuance and that NIIED will not provide any extra expenses or support regarding my dependents. 12. I give permission to NIIED, the Ministry of Education of Korea, the Ministry of Foreign Affairs of Korea, the Ministry of Justice of Korea, and affiliated institutions to use the contact information provided in my application for the purpose of visa issuance, communication, conducting surveys, and sharing information as needed. 13. I hereby authorize NIIED to verify the information disclosed in this application form and the documents required by GKS as well as to collect any other information deemed necessary by GKS to determine my suitability as an applicant from any institution, organization or individual issuing said information and/or documentation. This includes but is not limited to contacting recommenders or previous employers. 14. I hereby understand that all information provided to NIIED will be stored in secured servers where access will be limited to GKS team and its affiliates. I understand that all reasonable efforts will be made to protect confidential and sensitive information. By signing below and submitting my application, I agree to these terms. 15. I understand that failure to uphold any of the above statements may be grounds for termination of my scholarship offer.   *(continued in the next page)*  **「National Institute for International Education (NIIED)」 intents to collect and use your personal information including disclosure to third parties for the GKS selection, based on the 「Personal Information Protection Act」 and its provisions. We will use the collected data only for its intended purpose and inform the user for an agreement whenever the purpose of information collection is changed. Please provide us whether you agree or not on the terms of personal data collection and usage after referring to the information below.**   |  | | --- | | **Agreement on Collection and Use of Personal Data** | | NIIED collects and uses the applicants’ Personal Information; and is able to provide such information for a third party in accordance with NIIED policy and regulations.   * **Personal Information Collected**: name, date of birth, sex, nationality, contact information, TOPIK score, career and educational record, university information applied, and language proficiency * **Purpose**: Selecting GKS Scholar * **Retention Period**: more than 5 years  1. If you do not approve our collection and use of your personal information, you have the right to refuse to the use of personal information mentioned above. However, due to your refusal, your application may be excluded in the selection procedure. | |  | | **Agreement on Collection and Use of Sensitive Information** | | | | 1. NIIED collects and uses the participants’ Sensitive Information; and is able to provide such information for a third party in accordance with NIIED’s policy and regulations.  * **Sensitive Information Collected** : Medical information * **Purpose**: Selecting GKS Scholar * **Retention Period** : At least 5 years for hard copy / 20 years for soft copy  1. If you do not approve our collection and use of your personal information, you have the right to refuse to the use of personal information mentioned above. However, due to your refusal, your application may be excluded in the selection procedure. | | | |  | | |   **I confirm that I read all of the above conditions. I also understand that the violation of any one of the above might result in warning or cancellation of the scholarship.**   |  | | --- | | Date (yyyy-mm-dd) Applicant’s Full Name Signature | |  | |

# **FORM 6. PERSONAL MEDICAL ASSESSMENT**

**Attention!** This form is just a personal medical assessment and applicants do not need to get a comprehensive medical examination at this stage. However, all applicants who pass the 2nd round of selection must receive comprehensive medical checkup and submit an Official Medical Examination issued by a medical doctor or a licensed hospital. *(The Official Medical Examination form will be posted in the GKS Notice board along with the announcement of successful candidates of 2nd round of selection)* After arriving in Korea, all GKS scholars will be subject to a medical examination (including TBPE drug test) administered by NIIED in accordance with the requirements of the Korea Immigration Service. If the results show that the applicant is unfit to study and live overseas, he or she may be disqualified from the scholarship.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Gender | Male  Female | **HEIGHT** | cm | | | **WEIGHT** | kg |
| QUESTION | | | | YES | NO | IF YES, PLEASE EXPLAIN | |
| Have you ever had an infectious disease that posed a risk to public health? (e.g. tuberculosis) | | | |  |  |  | |
| Do you have allergies? | | | |  |  |  | |
| Do you have hyper tension? | | | |  |  |  | |
| Do you have diabetes? | | | |  |  |  | |
| Do you have any type of Hepatitis? | | | |  |  |  | |
| Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.) | | | |  |  |  | |
| Have you ever been addicted to alcohol? | | | |  |  |  | |
| Have you ever abused any narcotic, stimulant, hallucinogen or other substance, either legally or illegally? | | | |  |  |  | |
| Have you been hospitalized in the last two (2) years? | | | |  |  |  | |
| Have you had any serious injury, ailment or sickness in the last five (5) years? | | | |  |  |  | |
| Do you have any visual or hearing impairment? | | | |  |  |  | |
| Do you have any physical disabilities? | | | |  |  |  | |
| Do you have any cognitive/mental disabilities? | | | |  |  |  | |
| Are you taking any prescribed medication? | | | |  |  |  | |
| Are you on a special diet? | | | |  |  |  | |
| Are you pregnant? | | | |  |  |  | |

Date (yyyy-mm-dd) Applicant’s Full Name Signature