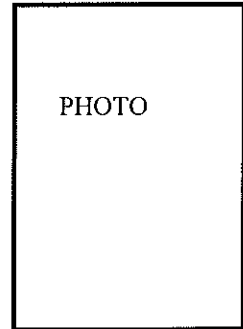




**CHILEAN AGENCY FOR INTERNATIONAL COOPERATION  
AND DEVELOPMENT  
HORIZONTAL COOPERATION SCHOLARSHIP PROGRAM  
Public Management Diploma Program  
(Use capital letters in print)**

**SCHOLARSHIP APPLICATION FORM**



**NATIONALITY:** \_\_\_\_\_

**PERSONAL INFORMATION**

**Name: (exactly as appears in Passport)**  
\_\_\_\_\_

**Full Name**  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_/ **Age:** \_\_\_\_ **Sex:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Name and nationality of spouse:** \_\_\_\_\_

**Passport No. :** \_\_\_\_\_ **Issued at:** \_\_\_\_\_

**Visa to enter USA: YES** \_\_\_ **NO** \_\_\_

**Address in country of domicile:** \_\_\_\_\_  
\_\_\_\_\_ **City:** \_\_\_\_\_

**Private telephone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Current Email address:** \_\_\_\_\_

The following information is voluntary, however for the Chilean Agency for International Cooperation and Development it is important for the Management Improvement program in terms of Gender, as part of a public policy that is being developed in Chile. AGCID thanks you in advance for your cooperation.

Are you the head of the household?		No. of children		Age of Children	
Yes	No	Male	Female	Male	Female

**APPLICANT'S ACADEMIC TRAINING**

University degree: \_\_\_\_\_

Issued by : \_\_\_\_\_  
(University or Center of Studies)

Date: \_\_\_\_\_

Other studies performed: \_\_\_\_\_  
\_\_\_\_\_

Languages: \_\_\_\_\_

Publications, books, articles or others: \_\_\_\_\_

**PROFESSIONAL INFORMATION**

Job or current position: \_\_\_\_\_

Institution where you work: \_\_\_\_\_  
\_\_\_\_\_

Description of job activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other activities or positions performed:

Period	Institution	Positions performed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER INFORMATION**

**Other scholarships obtained:**

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**Other information of interest:**

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**REFERENCES OR RECOMMENDATIONS RELATED TO YOUR ACADEMIC OR PROFESSIONAL ACTIVITIES:**

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I hereby declare under oath that all the information I have included in this Application Form is true and verifiable. I further declare that I accept the terms and conditions established in the Summons to the AGCID Scholarship Program in which this Form is inserted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

