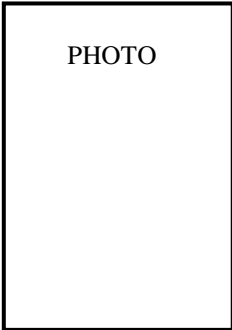


**CHILEAN INTERNATIONAL COOPERATION AGENCY
HORIZONTAL COOPERATION SCHOLARSHIP PROGRAM
Public Management Diploma Program**

(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 International Cooperation Agency it is important for the Management Improvement program in terms of Gender, as part of a public policy that is being developed in Chile. AGCI 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:

Other information of interest:

REFERENCES OR RECOMMENDATIONS RELATED TO YOUR ACADEMIC OR PROFESSIONAL ACTIVITIES:

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 AGCI Scholarship Program in which this Form is inserted.

Date

Applicant's signature