Myanmar Student Application Form 2020

Applicants must complete Sections A to G below. Please answer all questions. The completed form should be sent by email to (uwcmyanmarnc@gmail.com) along with a copy of your high school certificates and transcript and the Parents Form by **December 31, 2019 (11:59 PM)**. Late applications will not be considered. If you are unable to submit this form electronically, you may post it to the following address.

**Coordinator**

UWC Myanmar National Committee

C/O Thabyay Education Foundation

No. (9), Kan Road, Quater 10,

Hlaing Township, Yangon.

Tel: 09421117906

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| **Section A**  | **PERSONAL DETAILS** |
| Full Name (as shown in passport) | Full Name |  |
| Other Name (if applicable) | Other Name |
| Gender | Gender | Ethnic Group | Ethnic Group |
| Date of Birth (DD/MM/YYYY) | DOB. | Country of Birth | Country of Birth |
| Place of Birth (Village, Town, City) |   | Town | City |
| Country of Residence | Country of Residence | Nationality | Nationality |
| Age at September 1st 2020 (E.g. 17 years and 4 months) | Age at Sept 1st 2020 | Passport Number (if available) | Passport No. |
| Home Language | Home Language | Other Language | Other Language |
| Home Telephone | Home Tel | Mobile Phone | Mobile |
| Email 1: | Email 1 | Email 2: | Email 2 |
| Current Address | Current Address |
| Permanent Address(if different) | Permanent Address |

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| --- | --- |
| Applicant’s Name | Applicant’s name |

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| **Section B** | **FORMAL EDUCATIONAL HISTORY** |
| Please complete the relevant boxes below to provide information about all of the higher education programs you have attended.  |
| **Name of High School *(with full address)*** | **Subjects** | **Grades** |
| Name of high school | Subject | Grade/Mark |
| Subject | Grade/Mark |
| Subject | Grade/Mark |
| **Dates Attended (from *mm/yy* - to *mm/yy* )** | Subject | Grade/Mark |
| Dates attended | Subject | Grade/Mark |
| Subject | Grade/Mark |
| Subject | Grade/Mark |

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| **Section C** | **NON FORMAL EDUCATIONAL HISTORY** |
| Please complete the relevant boxes below to provide information about all the non-formal education and training programs that you have attended. |
| **Name of School or Training Center** | **Dates Attended** | **Courses Attended** | **Grades** |
| From | To |
| School or Center | From | To | Courses attended | Grade/Certificate/Diploma  |
| School or Center | From | To | Courses attended | Grade/Certificate/Diploma |
| School or Center | From | To | Courses attended | Grade/Certificate/Diploma |
| School or Center | From | To | Courses attended | Grade/Certificate/Diploma |
| School or Center | From | To | Courses attended | Grade/Certificate/Diploma |

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| Applicant’s Name | Applicant’s name |

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| **Section D** | **PERSONAL INTERESTS *( extra pages will NOT be considered)*** |
| 1. **List the subjects you are studying at school this year, and state (a) which is your favorite, and why, and (b) which you like least and why.**
 |
| Type |
| 1. **Do you regularly take part in any sports? Please give details.**
 |
| Type |
| 1. **Do you have strong musical or artistic interests? Please give details.**
 |
| Type |
| 1. **Do you have any experience of social service or community work? Please give details.**
 |
| Type |
| 1. **List any positions you hold or have held during the last TWO academic years only, and any school organizations to which you currently belong.**
 |
| Type |
| 1. **List organizations to which you belong, positions held gained OUTSIDE school.**
 |
| Type |
| 1. **List any other achievements or special interests you would like the Selection Committee to know about.**
 |
| Type |
| 1. **How did you first hear about United World Colleges?**
 |
| Type |
| Applicant’s Name | Applicant’s name |

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| **Section E** | **A BIT MORE ABOUT YOU *( extra pages will NOT be considered)*** |
| 1. **Write THREE words that describe your character:**
 |
| Type |
| 1. **Which UWC you want to go? Why? Please describe your first and second choice.**
 |
| Type |
| 1. **Which public figure, living or dead, do you regard as a good role model? Explain your choice.**
 |
| Type |
| 1. **Describe BRIEFLY your family circumstances, including anything unusual or interesting you want to draw to the attention of the Selection Committee:**
 |
| Type |
| 1. **What core values in Myanmar culture do you consider to be of the greatest benefit for the future, and why?**
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| Type |
| 1. **What are the 3 main characteristics of a great school?**
 |
| Type |
| 1. **List the countries you have visited or lived other than Myanmar.**
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| Type |

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| Applicant’s Name | Applicant’s name |

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| **Section F** | **Parent(s) / Guardian(s) Financial Assets Information** |
| **1. Parents’ current accommodation:** House/ Apartment/ Bungalow/ Other (please specify)  | Please Specify  |
| **2. Accommodation ownership:** Family owned/ Rent/ Government provided/ Other (please specify) | Please Specify |
| **Parent/ Guardian One**  | Father name | **Current Occupation:** | Current Occupation |
| **Current Salary (annual) and currency** | Salary |
| **Parent/ Guardian Two** | Mother name | **Current Occupation:** | Current Occupation |
| **Current Salary (annual) and currency** | Salary. |
| **1. Any other assets**  | Please Specify if any |
| **2. Family’s monthly Expenses in MMK**  | Monthly Expenses in MMK |
| **3. Amount you can contribute annually** | Please Specify |

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| **Section G** | **To be completed by the applicant’s Parent (s)\* or Guardian (s)\******(Delete as appropriate)*** |
| 1. **Full name of father or Guardian\***
 | Father name | **Father’s Nationality** | Nationality |
| 1. **Full name of mother**
 | Mother name | **Mother’s Nationality** | Nationality |
| 1. **Address**
 | Address |
| **Daytime telephone number (s) for contact with parent(s)/guardian:** |
| **Father/Guardian:** | Telephone no. | **Mother:** | Telephone no. |
| **5. E-mail contacts for parent (s)/guardian:** *please write down (NIL) if there is no email.* |
| **Father/Guardian:** | Email | **Mother:** | Email |
| **6. Please indicate the state of your son's/daughter’s physical and mental health. You may enclose a medical statement from your doctor if you wish. Please note that the UWCs will accept applications from candidates who have known handicaps over which they have control and which will not deteriorate significantly while they are at a UWC. The College reserves the right to require an admitted student to leave if there is any failure to disclose a chronic or medical condition.** |
| Type |
| **7. Is there anything of special note that you would like to bring to the attention of the Selection Committee or the College Head? *(A separate letter may be enclosed if you wish).*** |
| Type |
| **8. I have read this application for entry to a United World College made by my son/daughter; we have discussed all aspects of the commitment involved and this application has my full approval. Should the application be successful, I hereby undertake for myself and for him/her to observe the rules and regulations of the College made by the Head and Governors. While my son/daughter is in residence at United World College, I wish and authorize the College to act as Guardian in my place for decisions involving his or her personal care and welfare.** |
| **Signature of Parent/Guardian:****(Type your name)** | Signature | **Date** | Date |
| **Relationship to Applicant:** | Relationship |  |

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| Acknowledgement  |
| I acknowledge by signing this form that all the information provided in this application is complete and correct to the best of my knowledge. Any attached documents are original. **Misrepresentation of information can result in immediate disqualification and forfeit of my application and nomination.** |
| **Will you still pursue your diploma if you are not granted UWC scholarship?** | [ ]  Yes [ ]  No |
| **Applicant’s Signature** **(Type your name)** | Signature | **Date** | Date |