

SAMPOERNA FOUNDATION TERTIARY SCHOLARSHIP PROGRAM APPLICATION PACKAGE

- This Application Package consists of Application Form, Health Information Form, and Reference Form
- This Application Package is provided for the purpose of applying for **Tertiary Graduate Level** scholarship programs (National Graduate Study in Management and Overseas MBA) only.
- Please read all information contained in the Scholarship General Information (including the Conditions of Award) and follow the instructions carefully.

Equal Opportunity

It is Sampoerna Foundation's policy not to discriminate for or against race, colour, gender, religion, national or ethnic origin in any of its scholarship programs.

Each applicant is responsible for ensuring that ALL supporting documents listed below are attached along with the completed Application Package. **Please mark if the following documents are attached.**

General Documents (for all scholarship programs):

- Completed & Signed Application Form
- Personal Statement (please refer to section 11 of the Application Form)
- Certified copy of Academic Certificate from all tertiary institutions attended
- Certified copy Academic Transcripts from all tertiary institutions attended
- 3 (three) recent passport-size (4 x 6) color photographs
- A certified copy of family card (Kartu Keluarga)
- A copy of the last three months of home electricity bill (if you own a house or live with parents) or a copy of house/room (kos) rental payments
- A copy of your valid ID card (KTP / Passport)
- Letter of Good Conduct (SKCK) from local Police Department stating that you have never been involved in any criminal or illicit drugs activities.
- Completed Health Information Form
- 2 (two) completed Reference Forms from two referrers (not related to you)

Specific Documents:

For National Graduate Study in Management program:	For Overseas MBA program:
<input type="checkbox"/> Copy of valid Institutional Testing Program (ITP) TOEFL result	<input type="checkbox"/> Copy of valid TOEFL/IELTS result
<input type="checkbox"/> Copy of Academic Potential Test (TPA)	<input type="checkbox"/> Copy of valid GMAT Result
<input type="checkbox"/> Copy of the last month's official salary slip / letter	<input type="checkbox"/> Copy of the last month's official salary slip / letter
<input type="checkbox"/> Detailed Curriculum Vitae / Resume	<input type="checkbox"/> Detailed Curriculum Vitae / Resume

- Please type or write in block letters and black ink, and complete **ALL** sections of this Application Package and Write "N/A" if the section is not applicable to you
- Send the completed Application Package along with other supporting documents to Sampoerna Foundation. Do not submit separately. You may retain copies of submitted application for your own records. **Completeness** of the Application Package will be considered during evaluation.
- Sampoerna Foundation will evaluate your Application and the supporting documents to confirm your eligibility. If you are selected, we will advise you the next selection steps.
- You can use the photocopies of the Application Package. **Do not** submit any original documents e.g. TOEFL or academic transcripts. The only original and signed documents that should be submitted are the Application Form, Health Information form, and reference letters.
- **Do not** submit the Application Package and/or documents by e-mail.
- Your application should be received by Sampoerna Foundation by the deadline of each scholarship program. Late application will not be considered.

Sampoerna Foundation
Sampoerna Strategic Square, North Tower, 26th – 27th Floor
Jl. Jend. Sudirman Kav. 45, Jakarta 12930, Indonesia
www.sampoernafoundation.org

5. EXTRA CURRICULAR ACTIVITIES

Please indicate any extra - curricular activities or organizations you are participating or have participated in. Start the list from the most recent involvement. Add additional sheets if necessary.

Name of Organization	Location	Start Date	End Date	Position Held	Activity	Reference

6. EMPLOYMENT HISTORY

Please indicate your full-time and/or part-time employment; briefly explain duties and responsibilities (beginning with your most recent job). For part-time employment, indicate number of working hours per week. Add additional sheets if necessary.

Name of Company		Term of Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of Business		Period of Employment	to
Last Position		Salary per month	
Description of Duties & Responsibilities			
Achievement			

Name of Company		Term of Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of Business		Period of Employment	to
Last Position		Salary per month	
Description of Duties & Responsibilities			
Achievement			

Name of Company		Term of Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of Business		Period of Employment	to
Last Position		Salary per month	
Description of Duties & Responsibilities			
Achievement			

7. SPECIAL RECOGNITIONS / AWARDS / ACHIEVEMENTS

Please indicate any **special recognition, award or achievement**. Provide brief explanation. Start the list from the most recent one noting the year of award. Add additional sheets if necessary.

Name of Institution	Period of Award	Description of Award

8. SIGNIFICANT REPORTS AND PUBLICATIONS

Please indicate your written works and/or publications in the past. This may include seminar and conference papers, research articles, thesis (published/unpublished) or any form of publicly available materials.

Name of Institution	Type of Publication	Description of Publication

9. FINANCIAL STATUS

Where do you currently live?	<input type="checkbox"/> Own house <input type="checkbox"/> With parent(s) <input type="checkbox"/> With relatives <input type="checkbox"/> Rent/ boarding house <input type="checkbox"/> Apartment <input type="checkbox"/> Others: _____	Do you have responsibilities to financially support your Family?	<input type="checkbox"/> No <input type="checkbox"/> Yes
		Monthly Income (Nett)	Rp.
		Estimated monthly living expenses	Rp.
Electricity bill / month	Rp.	Boarding cost (Kos) / month	Rp.
Please check which vehicle(s) you own		<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____	

10. FAMILY HISTORY

FATHER's Name		MOTHER's Name	
Date of Birth		Date of Birth	
Contact Address		Contact Address	
Tel. / HP		Tel. / HP	
Latest Education	<input type="checkbox"/> High School or lower <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other, please specify	Latest Education	<input type="checkbox"/> High School or lower <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other, please specify
	Name of education institution:		Name of education institution:
	Location of education institution:		Location of education institution:
Status	<input type="checkbox"/> Alive <input type="checkbox"/> Passed away <input type="checkbox"/> Working <input type="checkbox"/> Not Working Name of latest company/employer:	Status	<input type="checkbox"/> Alive <input type="checkbox"/> Passed away <input type="checkbox"/> Working <input type="checkbox"/> Not Working Name of latest company/employer:
	Latest Nett. income/month: Rp.		Latest Nett. Income/month: Rp.

SIBLING's name	Age	Latest Education (High school or lower, S1, S2)	Name of Institution	Location of Institution	Current Occupation	Name of Company/Employer

Complete if the following section is relevant

SPOUSE's Name	
Age	
Address	
Tel. / HP	
Latest Education	<input type="checkbox"/> High School or lower <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other, please specify
	Name of education institution:
	Location of education institution:
Status	<input type="checkbox"/> Working <input type="checkbox"/> Not Working Name of company/employer: Nett. Income/month: Rp.

11. PERSONAL STATEMENTS

On separate sheet(s) of paper please briefly answer the following questions in English (not more than 500 words for each question). Please make sure you send them with your completed Application Form.

1. Briefly outline your future career plan and explain how this scholarship and an MBA degree will contribute to the success of your career?
2. Why should you receive a Sampoerna Foundation Scholarship?
3. In which profession or industry sectors do you think Indonesia needs the most improvement? Why and what can be done to improve it? If it is different from your choice of career, why?
4. If you are granted the Sampoerna Foundation Scholarship, please describe how you can contribute to the development of Indonesia.
5. What would be your plan if you are not awarded a Sampoerna Foundation Scholarship?
6. **Optional:** If you feel there are extenuating circumstances of which the Selection Committee should be aware, please explain them here (e.g., unexplained gaps in work experience, choice of recommenders, inconsistent or questionable academic performance, significant weaknesses in your application).

Statutory Declaration:

I hereby certify that all information submitted on this application and all of the attachments are true and accurate to the best of my knowledge. I understand that submitting false information will automatically disqualify me from any consideration for the grant of Sampoerna Foundation scholarship. Should the application be successful, I understand that submitting the false information will terminate the scholarship grant, and I agree to bear its consequences as stated in the scholarship agreement.

I hereby also certify that I have read and understood the terms and condition of the scholarship as stated in Sampoerna Foundation Scholarship General Information and/or Sampoerna Foundation's website.

I agree that Sampoerna Foundation may use the enclosed scholarship application and all of the attachments for the purposes of scholarship award evaluation and selection.

DATE: _____

NAME: _____

SIGNATURE: _____

How do you learn about Sampoerna Foundation and its scholarship program(s)?

- | | |
|---|--|
| <input type="checkbox"/> Sampoerna Foundation Website | |
| <input type="checkbox"/> Friend | |
| <input type="checkbox"/> Partner's office: | <input type="checkbox"/> Partner's website: |
| <input type="checkbox"/> Australian Education Center | <input type="checkbox"/> Australian Education Center |
| <input type="checkbox"/> British Council | <input type="checkbox"/> British Council |
| <input type="checkbox"/> CampusFrance | <input type="checkbox"/> CampusFrance |
| <input type="checkbox"/> Singapore Education | <input type="checkbox"/> Singapore Education |
| <input type="checkbox"/> Education Expo. Where? _____ | |
| <input type="checkbox"/> Info Booth/ Info Session. Where? _____ | |
| <input type="checkbox"/> Newspaper ad. What newspaper? _____ | |
| <input type="checkbox"/> Mailing list. What mailing list? _____ | |
| <input type="checkbox"/> Other. Please specify _____ | |

PERSONAL STATEMENTS

A large, empty rectangular box with a thin black border, intended for the applicant to write their personal statements.

**SAMPOERNA FOUNDATION
TERTIARY SCHOLARSHIP PROGRAM
HEALTH INFORMATION FORM**



This Health Information Form needs to be filled by the applicants of the Tertiary Level Scholarship Programs.

Please note that Sampoerna Foundation will **not** necessarily use the information provided in the Health Information Form to disqualify applicant.

Sampoerna Foundation will keep all information completely confidential.

SECTION A – PERSONAL INFORMATION

Name : _____
Date of Birth : _____
Address : _____
Phone number : _____

SECTION B – FAMILY PHYSICIAN INFORMATION

Name : _____
Hospital : _____
Address : _____
Phone number : _____

SECTION C – INSURANCE INFORMATION

Provider : _____
Direct Phone Number : _____
Coverage : Local Overseas

SECTION D – MEDICAL HISTORY INFORMATION

1. In the last five years have you been treated for, diagnosed with, or advised that you have the following:
- Heart Condition or stroke (Yes / No)
 - Cancer or tumors (Yes / No)
 - Psychological disorder (Yes / No)
 - Nerve disorder (e.g.: Epilepsy) (Yes / No)
 - Blood disorder (e.g.: leukemia) (Yes / No)

If you answered "YES" to any of the above questions, please provide details.

2. In the last two years have you been hospitalized or received surgical treatment (**excluding** emergencies, pregnancy related treatment, removal of appendix or gall bladder, removal of wisdom teeth, removal of tonsils and sterilization)?

(Yes / No)

If you answered "YES", please provide details.

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3. Do you take ongoing prescribed medication (**excluding** contraception, hormone replacement therapy, and short course of antibiotics, medicine for high blood pressure or high cholesterol, and allergies)?

(Yes / No)

If you answered "YES", please provide details.

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4. In the last two months, have you had any signs or symptoms that may require you to visit a medical professional, or are you currently waiting for any reviews, treatment or investigation for any current or past medical problems?

(Yes / No)

If you answered "YES", please provide details.

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5. In the past five years, do you have any history of substance / alcohol and drug abuse?

(Yes / No)

If you answered "YES", please provide details.

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DECLARATION:

I, _____ declare that the information in this Health Information Form is true to the best of my knowledge. I hereby allow Sampoerna Foundation to contact my family physician in order for Sampoerna Foundation to get more information with regards to my medical history for the purpose of scholarship application. I am also willing to do a full medical check up if it is required.

<p>Date: <u> / / </u></p>	<p>Name: _____</p>	<p>Stamp duty/ materai Rp 6000,-</p> <p>Signature: _____</p>
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This section is to be filled by the referrer

Thank you for taking the time to write on behalf of this applicant. We appreciate your evaluation on the applicant's character and personal qualities in comparison with other students/employees in your school/firm. We would appreciate your answering the questions in the appropriate spaces below. Please return this form to the applicant in a sealed envelope, with your signature across the seal. (Please retain a copy of this form for your files).

		NO BASIS FOR JUDGEMENT	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
PERSONAL QUALITIES	General intelligence / Intellectual Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation / Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leadership / Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Warmth of Personality / Altruism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tolerance toward Differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Willingness to participate in academic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Respect of classmates / colleagues / faculty member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL OF COMMAND OF ENGLISH					
	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL/ECONOMY BACKGROUND	How would you say about the applicant's financial/economy situation?					

	<p>How would you recommend this applicant to receive the Sampoerna Foundation Scholarship?</p> <p><input type="checkbox"/> Strongly recommend</p> <p><input type="checkbox"/> Recommend</p> <p><input type="checkbox"/> Do not recommend</p> <p><input type="checkbox"/> No basis for judgment</p> <p>This report is based on:</p> <p><input type="checkbox"/> Personal contact</p> <p><input type="checkbox"/> School/firm records</p> <p><input type="checkbox"/> Conversation with other lecturers/colleagues</p> <p><input type="checkbox"/> All of the above</p> <p>How long have you known this applicant? _____ Years/months</p>
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Please write (in the space provided or on a separate sheet) any comments that you think would be helpful in assessing the candidate's personal and academic qualities, and financial/economic background. We are most interested in learning about his or her concern on social issues, intellectual curiosity, and enthusiasm for learning, character, and potential for growth. Please feel free to include any outstanding accomplishments or personal circumstances that distinguish this applicant from others. Your frankness will be appreciated.

RECOMMENDATION	
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REFERRER INFORMATION	I do hereby certify that I know the above named applicant and have fairly evaluated his / her traits as stated above.	
	FULL NAME	
	RELATION TO APPLICANT	
	INSTITUTION/SCHOOL/FIRM NAME	
	POSITION	
	TELEPHONE	
	E-MAIL	
	ADDRESS	Address: City: Province: Postal Code:
	I am willing to be contacted directly by Sampoerna Foundation should further background on this candidate be required. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____	_____
DATE	SIGNATURE	