**2020 GLOBAL KOREA SCHOLARSHIP Application Checklist**

|  |  |
| --- | --- |
| REGISTRATION NUMBER | |
|  |  |
|  |  |
| \*Leave this table blank | |

**Institution Receiving Application (접수기관) :**

**Person in Charge (확인자) :**

**Signature (서명)**

1. Name of Applicant : CHIQUILLO CAMPS, ALVARO
2. Country : SPAIN
3. Desired Program: ☐ Doctoral Degree ☒ Master’s Degree ☐ Research

|  |  |  |  |
| --- | --- | --- | --- |
| **Application Documents** | | **Submission Status** | |
| **Yes** | **No** |
| 1 | Application Form (Form 1) | √ |  |
| 2 | Personal Statement (Form 2) | √ |  |
| 3 | Statement of Purpose (Form 3) | √ |  |
| 4 | Research Proposal (Form 4) |  | √ |
| 5 | TWO Letters of Recommendation (Form 5) | √ |  |
| 6 | University’s Official Letter of Invitation (Form 6)  *\* Research Program applicants ONLY* |  | √ |
| 7 | GKS Applicant Agreement (Form 7) | √ |  |
| 8 | Personal Medical Assessment (Form 8) | √ |  |
| 9 | Certificate of Bachelor’s degree or Bachelor’s Diploma  (Original or Certified Copies) | √ |  |
| 10 | Bachelor’s degree Transcript (Original or Certified Copies) | √ |  |
| 11 | Certificate of Master’s degree or Master’s Diploma (Original or Certified Copies) |  | √ |
| 12 | Master’s degree Transcript (Original or Certified Copies) |  | √ |
| 13 | Certificate of Doctoral degree or Doctoral Diploma (Original or Certified Copies)*\* \*Post-Doctoral Research Program applicants ONLY* |  | √ |
| 14 | Doctoral degree Transcript (Original or Certified Copies)  *\* Post-Doctoral Research Program applicants ONLY* |  | √ |
| 15 | Certificate of Employment (Original or Certified Copies)  *\* Research Program applicants ONLY* |  | √ |
| 16 | Applicant’s Proof of Citizenship Document | √ |  |
| 17 | Applicant’s Parent’s Proof of Citizenship Document | √ |  |
| 18 | Proof of Overseas Korean Document  *\* Overseas Koreans ONLY* |  | √ |
| 19 | Proof of Korean Citizenship Renunciation Document  *\* Previous Korean citizenship holders ONLY* |  | √ |
| 20 | Proof of Korean Adoptee Document  *\*Overseas Korean Adoptees ONLY* |  | √ |
| 21 | ➀Certificate of Employment(teaching subject clearly indicated)  ➁Certificate of Teaching Career(years taught specified)  *\* Applicants for Korean Language Teaching Professionals track ONLY* |  | √ |
| 22 | Certificate of Valid TOPIK |  | √ |
| 23 | Certificate of Valid English Proficiency Test | √ |  |
| 24 | Published Papers, Research papers, and etc. |  | √ |
| 25 | Awards and other Certificates |  | √ |

**FORM 1. 2020 Global Korea Scholarship Application**

*Please check (*☒*) the following. Click the box to check or uncheck.*

1. **Application Track 추천기관**

☒ Embassy 재외공관 ☐ University 국내대학

1. **Type of Application 추천유형**

☒ General 일반추천

☐ Overseas Koreans 재외동포 ☐ Korean Language Teaching Professionals 한국어교원

**3. Desired Field of Study 희망계열**

☒ Liberal Arts and Social Science 인문사회계열

☐ Science, Technology and Engineering 자연공학계열

☐ Arts and Sports 예체능계열

**4. Program to Apply 지원과정**

☐ Doctoral Degree 박사과정 ☒ Master’s Degree 석사과정 ☐ Research 연구과정

*Please complete the form below. It* ***must*** *be typed in English ONLY.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name  성명 | | | | | *Surname 성*  CHIQUILLO CAMPS | | | | | *Given Name 이름*  ALVARO | | | | | | | | | | Gender 성별 | | | | | | | | | | Marital Status  결혼여부 | | | | | | | | Photo  Size: 3cm x 4cm | | |
| ☒ Male  ☐ Female | | | | | | | | | | ☒ Single  ☐ Married | | | | | | | |
| *\*Please write your* ***full name*** *as indicated on your passport or official documents* | | | | | | | | | | | | | | | | | | | |
| Date of Birth 생년월일  (YYYY/MM/DD) | | | | 1997/03/22 | | | | | | | | | | | Age 나이 | | | | | | | | | | 23 | | | | | | | | | | | | |
| Country 국가 | | | | SPAIN | | | | | | | | | | | Citizenship 국적 | | | | | | | | | | SPANISH | | | | | | | | | | | | |
| Contact Information 연락처  **\*Must be applicant’s** | | | | *Address* St. Hospital 1, door 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Phone (Must start with the country code)* +34 634249817 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *E-mail* alvaro.chiquillo220397@gmail.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Most Recently Attended University 최종학력 | | | | University Name 학교명 | | | | | | | | | | CATHOLIC UNIVERSIY OF VALENCIA | | | | | | | | | | | | Location (City, Country) 소재국가/도시 | | | | | | | | | | | VALENCIA, SPAIN | | | |
| Achieved or Expected Degree 학위 | | | | | | | | | | ☒ Bachelor’s  ☐ Master’s  ☐ Doctoral | | | | | | | | | | | | Major 전공 | | | | | | | | | | | BUSINESS ADMINISTRATION AND MANAGEMENT | | | |
| Degree Thesis Title 최종학위논문제목 | | | | | | | | | | BUSINESS PLAN OF A CAFETERIA/LIBRARY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Language Abilities 어학능력 | | | | TOPIK Level  한국어능력시험성적 | | | | | | | | | | ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 | | | | | | | | | | | | | English Proficiency Test Scores | | | | | | | *Type*  FCE | | | | | | *Score*  162 |
| Choice of University & Major  지원신청대학 | | | | University 대학 | | | | | | | | Division 계열 | | | | | | | | | | | Department 학과 | | | | | | | | | | | | | Major 세부전공 | | | | |
| **Choice 1**  (Type A & B) | | | | | EWHA WOMENS UNIVERSITY | | | | | | | LIBERAL & SOCIAL SCIENCES | | | | | | | | | | | BUSINESS ADMINISTRATION | | | | | | | | | | | | | GLOBAL MBA | | | | |
| **Choice 2**  (Type A & B) | | | | | KOOMIN UNIVERSITY | | | | | | | LIBERAL & SOCIAL SCIENCES | | | | | | | | | | | BUSINESS ADMINISTRATION | | | | | | | | | | | | | MANAGEMENT | | | | |
| **Choice 3**  (ONLY **Type B**) | | | | | KANGWON NATIONAL UNIVERSITY | | | | | | | HUMANITIES & SOCIAL SCIENCES | | | | | | | | | | | BUSINESS ADMINISTRATION | | | | | | | | | | | | | MBA | | | | |
| ※ ***Attention!*** Please refer to III. AVAILABLE UNIVERSITIES AND FIELDS OF STUDY in the application guidelines.   * **Embassy Track** applicants must choose **THREE different** universities and majors.   (For choice 1 and 2, you may choose universities among Type A & B. For Choice 3, you MUST choose a university from Type B)   * **University Track** applicants must choose **ONE** university and major. (Choose among Type A & Type B) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previously Achieved Degree(s)  학력 | | Period 기간 | | | | | University/ Institution 학교명 | | | | | | | | | | | | Country 소재국 | | | | | | | | | | Major 전공분야 | | | | | | | | | | Degree 학위 | |
| 2015-2020 | | | | | CATHOLIC UNIVERSITY OF VALENCIA | | | | | | | | | | | | SPAIN | | | | | | | | | | BUSINESS ADMINISTRATION AND MANAGEMENT | | | | | | | | | | BBAM | |
| GPA\*  (ONLY for terms or semesters completed)  성적 (이수  학기만) | School Year | 1st year | | | | | 2nd year | | | | | | 3rd year | | | | | | 4th year | | | | | | | | | 5th year | | | | | Cumulative GPA (CGPA)  평균평점 | | | | | | Score Percentile 환산점수 | |
| Term/ Semester | 1 | 2 | | | 3 | 1 | 2 | 3 | | | | 1 | | | 2 | | 3 | 1 | | 2 | | | 3 | | | | 1 | | | 2 | 3 |
| Bachelor’s | / | / | | | / | / | / | / | | | | / | | | / | | / | / | | / | | | / | | | | / | | | / | / | 2.83 | | | | | | 82 / 100 | |
| \*If needed, you may add additional columns to the term or semester section. You can write **either** the CGPA **or** Score Percentile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment or Professional Research Experience  직업 혹은 연구경력 | | | Period | | | | | | | | Institution/ Company | | | | | | | | | | | Position | | | | | | | | | | | | | Responsibilities | | | | | |
| JUL 2017 - SEP 2017 | | | | | | | | MEDITERRANEAN SHIPPING COMPANY (MSC) | | | | | | | | | | | LOGISTICS ASSISTANT  (INTERNSHIP) | | | | | | | | | | | | | LOGISTICS ISSUES, REPORTS AND CALLS FROM THE OFFICE | | | | | |
|  | | | JUL 2019 - DEC 2019 | | | | | | | | CONSUM | | | | | | | | | | | CASHIER | | | | | | | | | | | | | CLIENT ATTENTION SERVICE AND PAYMENTS | | | | | |
|  | | | JUN 2020 – JAN 2021 | | | | | | | | OVB ALLFINANZ SPAIN | | | | | | | | | | | FINANCIAL CONSULTANT FOR OVB | | | | | | | | | | | | | ASSESMENT OF CLIENT´S FINANCIAL SITUATION AND COMMERCIAL | | | | | |
| Previous Visits to Korea 과거 한국 거주 또는  체류 사실 | | | Period | | | | | | | | Purpose of Stay | | | | | | | | | | | City or Region | | | | | | | | | | | | | Affiliated Organization | | | | | |
| 2018/08/31-2019/01/10 | | | | | | | | EXCHANGE STUDENT PROGRAM | | | | | | | | | | | SEOUL | | | | | | | | | | | | | CATHOLIC UNIVERSITY OF VALENCIA | | | | | |
| 2019/02/28-2019/06/24 | | | | | | | | EXCHANGE STUDENT PROGRAM | | | | | | | | | | | SEOUL | | | | | | | | | | | | | CATHOLIC UNIVERSITY OF VALENCIA | | | | | |
| Previously Received Scholarship Awards from Korean institutions  장학금 수혜 | | | Sponsor 지원기관 | | | | | | | | | | | | | | Grant Amount 지원금액  (USD/year) | | | | | | | | | | | | | | Period 수혜기간 | | | | | | | | | |
|  | | | | | | | | | | | | | | / | | | | | | | | | | | | | |  | | | | | | | | | |
| 년(yyyy) 월(mm) 일(dd)  Applicant's Name : (signature) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

President University *(Official Seal)*

**FORM 7. GKS APPLICANT AGREEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **As an applicant for 2020 Global Korea Scholarship for Graduate Degree, I agree to abide by the following;**  *※ Please read each article, check each box and sign below.*   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 graduate degree, research 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 or for the degree and research program. ☒ 10. I will abide by the academic regulations and requirements of NIIED, Korean language institution, and university. ☒  |  | | --- | | Date(yyyy/mm/ dd) Applicant’s Name (Signature) |  1. 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 in regards to my dependents. ☒ 2. 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. I give authorization for photos and video of me to be taken during GKS orientation and used in any promotional or educational materials. ☒ 3. 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 recommendation referees or previous employers. ☒ 4. 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. ☒ 5. I understand that failure to uphold any of the above statements may be grounds for termination of my scholarship offer. ☒   **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 suspension or cancellation of the scholarship.**     |  | | --- | | Date(yyyy/mm/ dd) Applicant’s Name (Signature) | |  | |

# **FORM 8. PERSONAL MEDICAL ASSESSMENT**

***Attention!*** This form is just a personal medical assessment and applicants do not need to get comprehensive medical examination for now. However, once applicants are successful in the 2nd round of selection, in accordance with the requirements of the Korea Immigration Service and Global Korea Scholarship, applicants must get a comprehensive medical examinations from a licensed physician or a doctor (including TBPE drug test\*\* etc) If the results show that the applicant is unfit to study and live overseas, he/she will be considered disqualified for this scholarship program.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gender | ☒ Male ☐ Female | **HEIGHT** | 177 cm | | | **WEIGHT** | | 72 kg |
| QUESTION | | | | YES | NO | | IF YES, PLEASE EXPLAIN | |
| Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis and STDs)? | | | |  | √ | |  | |
| 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? | | | |  | √ | |  | |