



THE DR. AND MRS. A. S. DEKABAN FOUNDATION
FACULTY OF AGRICULTURAL SCIENCES
THE UNIVERSITY OF BRITISH COLUMBIA

SCHOLARSHIP APPLICATION FROM

(To be completed in English by all candidates nominated by the Polish Agricultural Universities)

Name: _____
Date of Birth: _____
Place of birth: _____
Gender: Male Female **Marital status:** _____

[NOTE: scholars will be required to share accommodation on campus, regardless of gender.]

Work address: _____

Telephone: (Work) _____ (Home) _____
Fax (if available): _____ **e-mail** _____

English language proficiency (please check appropriate box):
 Spoken: excellent good fair
 Written: excellent good fair

Post-secondary education:		<i>University degrees:</i>		
Degrees held	University	Commenced (Month & year)	Conferred (Month & year)	Field of study
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other post-secondary training (if any):

Professional positions held:

Institution	Position held	Starting date (Month & year)	Ending date (Month & year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OVER....

