



REPUBLIC OF TURKEY
THE COUNCIL OF HIGHER EDUCATION (COHE)

YÖK Scholarship Application Form for International Students

for 202....-202.... Academic Year

PHOTO

Please write all your details in this form where possible, but note that all signatures must be handwritten.

Section 1 – Applicant details

Personal details

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Other (please specify)	
First name		Middle name(s)	
Family name			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of birth	D D / M M / Y Y Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of birth	
Nationality		Other Nationalities (if any)	
Religion			
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/>		
Native language			
Total family income			

Identification			
ID type			
ID number			
Passport no (if any)			
Mother's name			
Father's name			
Language and Other Proficiencies			
Level of Turkish language	Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>	Do you have a Turkish Language Certificate ?	Yes <input type="checkbox"/> : No <input type="checkbox"/>
Level of foreign language 1	Foreign Language:	Do you have a Language Certificate ?	Yes <input type="checkbox"/> : No <input type="checkbox"/>
	Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>		
Level of foreign language 2	Foreign Language:	Do you have a Language Certificate ?	Yes <input type="checkbox"/> : No <input type="checkbox"/>
	Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>		
Level of foreign language 3	Foreign Language:	Do you have a Language Certificate ?	Yes <input type="checkbox"/> : No <input type="checkbox"/>
	Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>		
GRE/GMAT/ SAT/ ABITUR/ BAC Score (if any)			
Level of the education applied for the scholarship	B.A. Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD. Degree <input type="checkbox"/>		

Section 2 – Education details	
Information on high school or equivalent education	
School Name	

Type of the school	Traditional public school <input type="checkbox"/> Traditional private school <input type="checkbox"/> Religious school <input type="checkbox"/> Virtual or online school <input type="checkbox"/> Vocational high school <input type="checkbox"/> Other <input type="checkbox"/> :
City/Country of the school	
Starting date to the high school	
Date of graduation (actual/foreseen)	
GPA	
Information on undergraduate education	
Name of the Higher Education Institution (HEI)	
City/Country of the HEI	
Field of study	
Starting date to the HEI	
Date of graduation (actual/foreseen)	
GPA	
Information on graduate education	
Name of the Higher Education Institution (HEI)	
City/Country of the HEI	
Field of study	
Starting date to the HEI	
Date of graduation (actual/foreseen)	
GPA	
Choices of field of study (Please list down your three main study preferences)	
1.	
2.	
3.	

Section 4 - Contact details						
Current residential address						
Address						
Postal city/town				Postcode		
County				COUNTRY		
Telephone number	Country code		Area/City code		Number	
Mobile number	Country code		Area/City code		Number	
Personal email address						
Current employment address (if any)						
Institution name						
Position/Job title				Department		
Address						
Postal city/town				Postcode		
County				COUNTRY		
Telephone number	Country code		Area/City code		Number	
Mobile number	Country code		Area/City code		Number	
Office email address						

Section 5 – Reference Information		
	Reference 1	Reference 2
Full name		
Name of the Institution/position/title		
Telephone number		
Email address		

Section 6 – Other	
I applied for another scholarship offered by a Turkish institution.	Yes <input type="checkbox"/> :..... No <input type="checkbox"/>
I am already receiving another scholarship from a Turkish institution.	Yes <input type="checkbox"/> :..... No <input type="checkbox"/>

I hereby confirm that the above information given is true and correct and agree to comply with the conditions of the scholarship program in case I am awarded the scholarship.			
Full Name			
Signature		Date	