## APPLICATION FORM BULGARIAN GOVERNMENT SCHOLARSHIP PROGRAMS

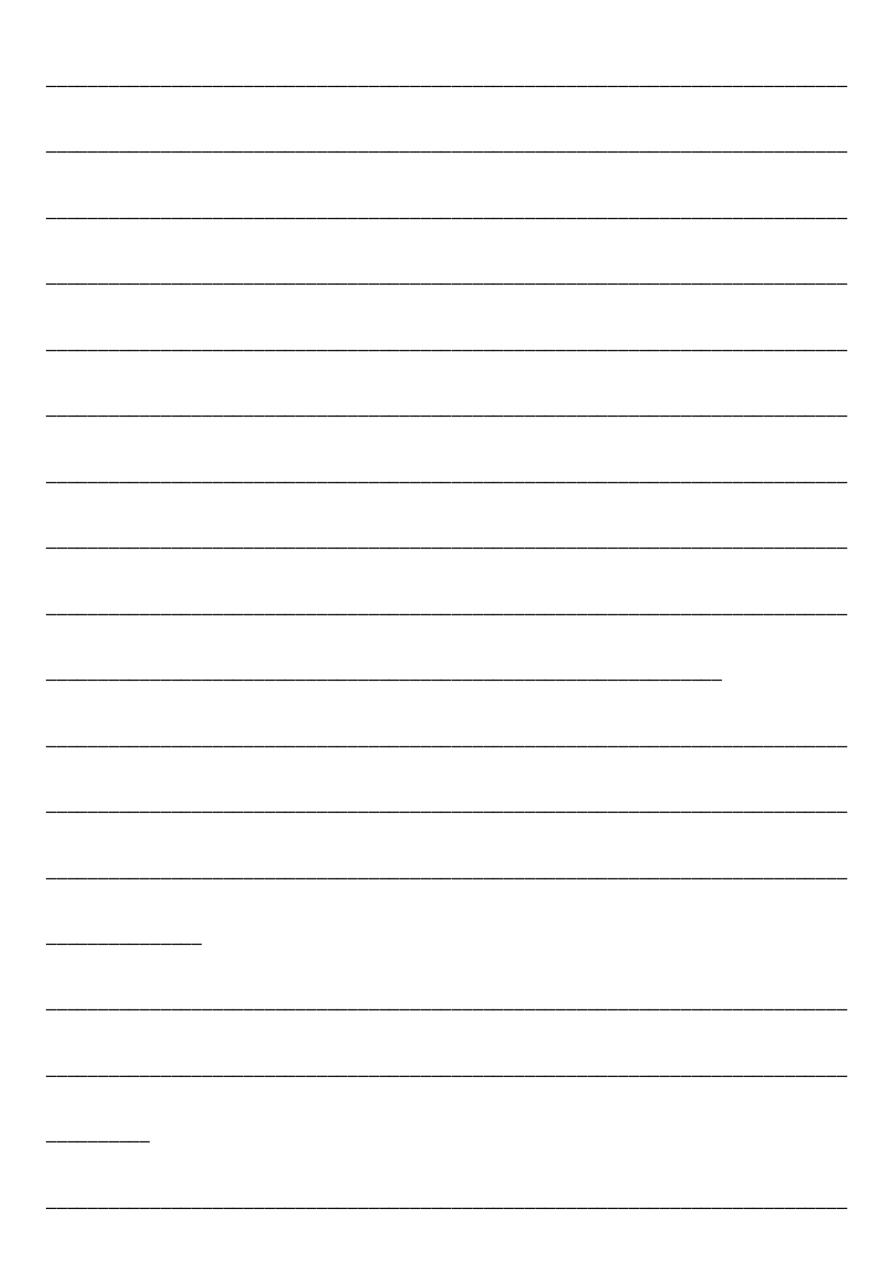
## **INSTRUCTIONS**

Please answer each questions clearly and completely. Type or print in ink.

A. PE	RSONAL DETAII	LS					7
1.	a.	Family	na	ame :	aff	ix photo here	
						4 × 6 cm	
b.	Fir	rst	name	:			
2. Date of birth :							
3. Place of birth :							
4. Male/Female :							
5. Nationality :							
6. Passport Number : Valid Until :							
7. a. Marital status :   Single   Married							
b. Do you have a husband/wife or any dependants?							
(Please give details of name, relationship and date of birth)							
NO		NAME		RELATIONSH	IIP	AGE	

8. Permanent address in	home country:			
9. a. Employment (preser	nt):			
b. Name and address of	of organization:			
B. EDUCATION				
Name and Location of  Institution	Subject of Study	Dates	Qualifications Obtained	

C. LANGUAGE: State	e proficiency Good-Fa	air-Elementary		
SKILLS	Bulgarian	English	Others	7
Speaking	2 3.33			-
Jnderstanding				-
Writing				-
). PROPOSED FIELI	D OF STUDY			J
. Subject :				
2. Outline your prop study.	osed field of study a	nd indicate the prac	tical use to be made	of th




. EMPLOYMEN	T DETAILS	
Years	Descriptions of Occupation	Employer
. OTHER		
xperience abro	oad	

Date :	DD/MM/YYYY	Signature	

Date: DD/MIM/YYYY	Signature