THE DPU HEALTH IN URBAN DEVELOPMENT SCHOLARSHIP

Qualification (e.g. BA, BSc)

The purpose of the **DPU Health in Urban Development Scholarship** is to support candidates of the highest calibre for postgraduate study at the Health in Urban Development (HUD) MSc programme, in the expectation that as graduates, these scholars will make important contributions to urban health by drawing on the strengths of the international perspective and leading position of the DPU in the development field.

PLEASE COMPLETE FORM IN BLOCK CAPITALS IN BLACK INK OR TYPESCRIPT.

Main Subject

1 PERSONAL DETAILS						
Title	Mr	Mrs	Miss	Ms	Other	
Surname / Family Name				First Name(s)		
Country of Birth				Nationality		
Country of Ordinary Residence						
2 ADDRESS	••••		••••			 ••••
Corresponding Address (where you can be contacted between May and August)						
Country				Telephone		
Email				Fax		
3 COURSE APPLIED					••••	• • • •
Proposed Starting Date						
UCL Application No						
4 EDUCATION					••••	• • • •
Name of College /				Start	Date	
University / Awarding Body				End	Date	

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Name of College / University / Awarding Body				Start Date	
				End Date	
Qualification (e.g. BA, BSc)				Main Subject	
5 ENGLISH LANGUAGE		••••			
Is English your first language?	Yes		No		
English language qualification (e.g. IELTS)				Date Taken	
4 EMPLOYMENT HISTORY			F	Prior employmen	t (list most recent first)
You may attach a copy of your curric	culum vitae (resu	me)			
Name & Address of Employer				Start Date	
				End Date	
Job Title					
Key Responsibilities					
	•	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	Start Date	
Name & Address of Employer					
				End Date	
Job Title					
Key Responsibilities					
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Name & Address of Employer				Start Date	
				End Date	
Job Title					
Key Responsibilities					

Name **Address Email Telephone** Name **Address Telephone Email** Please give details of what other funds are available to you. If you intend to fund part of the fee personally, please provide bank reference. Have you applied for any other scholarship / award? Please specify. Type of other scholarship / Full-cost Partial-cost award applied I wish to apply for the DPU Health in Urban Develop-£ (pound sterling) ment Scholarship to the value of (amount in words): SIGNATURE I have read, understood and meet all the criteria and conditions of the Scholarship. Please tick appropriate boxes below.

Unconditional UCL Offer

Signature

Applicant Accepted UCL Offer

Yes

Yes

No

No



Yes

Yes

No

No

English Satisfactory

Proof of Funding

Date