

THE DPU HEALTH IN URBAN DEVELOPMENT SCHOLARSHIP

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.

1 PERSONAL DETAILS

Title	Mr <input type="radio"/>	Mrs <input type="radio"/>	Miss <input type="radio"/>	Ms <input type="radio"/>	Other <input type="text"/>
Surname / Family Name	<input type="text"/>			First Name(s)	<input type="text"/>
Country of Birth	<input type="text"/>			Nationality	<input type="text"/>
Country of Ordinary Residence	<input type="text"/>				

2 ADDRESS

Corresponding Address (where you can be contacted between May and August)	<input type="text"/>		
Country	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>

3 COURSE APPLIED

Proposed Starting Date	<input type="text"/>
UCL Application No	<input type="text"/>

4 EDUCATION

Name of College / University / Awarding Body	<input type="text"/>	Start Date	<input type="text"/>
		End Date	<input type="text"/>
Qualification (e.g. BA, BSc)	<input type="text"/>	Main Subject	<input type="text"/>

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

Prior employment (list most recent first)

You may attach a copy of your curriculum vitae (resume)

Name & Address of Employer

Start Date

End Date

Job Title

Key Responsibilities

Name & Address of Employer

Start Date

End Date

Job Title

Key Responsibilities

Name & Address of Employer

Start Date

End Date

Job Title

Key Responsibilities

7 REFERENCES

Name

Address

Email

Telephone

Name

Address

Email

Telephone

8 OTHER FUNDING

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 / award applied

Full-cost

Partial-cost

9 VALUE OF AWARD

I wish to apply for the DPU Health in Urban Development Scholarship to the value of (amount in words):

£ (pound sterling)

10 SIGNATURE

I have read, understood and meet all the criteria and conditions of the Scholarship. Please tick appropriate boxes below.

Unconditional UCL Offer

Yes No

English Satisfactory

Yes No

Applicant Accepted UCL Offer

Yes No

Proof of Funding

Yes No

Signature

Date

