Myanmar Masters of Public Health: Scholarship Application 2013/2014

Read the following pages carefully before you fill out the application, and make sure that you understand everything.

It may make the difference between a successful and unsuccessful application.

Program Description:

This program was established to support medical practitioners from Myanmar to pursue Masters in Public Health or Masters in Health Social Science programs at universities within Thailand or the Philippines.

Eligibility:

- Applicants must be Myanmar Nationals
- · Students are required to contribute part of the overall costs personally or from another source
- Students must attend on a full time basis and agree to complete the program within its normal duration
- Participants are required to maintain student status throughout the time of the grant and abide by all the terms and conditions as outlined in a contract letter to be signed by the grantee
- Applicants must independently apply to, and be accepted by one of the following university programs:

Mahidol University

Master of Public Health

To apply please contact: http://www.ph.mahidol.ac.th/Webpages_MPH/

Application deadline: January 31, 2013

Please note that non-medical doctors are required to attend a pre-course at Mahidol University before being admitted to the MPH program. Students can apply to the Public Health Scholarship Program for support to attend this pre-course.

Master of Health Social Sciences Program

To apply please contact: http://www.sh.mahidol.ac.th/hssip/

Application deadline: March 31, 2013

Thammasat University

Masters of Public Health (Global Health)

To apply please contact:

http://fph.tu.ac.th/en/programs-1/graduate-level/mph-global-health-international-program.html

Application deadline: March 31, 2013

Chulalongkorn University

Master of Public Health (In House)

To apply please contact: http://www.cphs.chula.ac.th/Admission.html

Application deadline: March 1, 2013

University of the Philippines, Manila

Master of Public Health

Masters of Science in Public Health Program in

* Biostatistics

- * Nutrition
- * Medical Microbiology
- * Epidemiology

* Parasitology

* Environmental Health

Masters of Hospital Administration

Masters of Arts in Health Policy Studies

Masters of Occupational Health

Masters of Science in Epidemiology

Masters of Rehabilitation Science

Masters of Health Professions Education

Information on any of the programs at UP Manila is available at the following sites:

http://www.upm.edu.ph/cph/

To request an application form for please email: mphmyanmar@gmail.com

Application deadline: February 28, 2013

Application Deadline:

The deadline for emailing Myanmar Master of Public Health Scholarship applications for the 2013/2014 academic year is: Friday, January 6, 2013

Applicants are advised to apply both to the university and the scholarship program as early as possible.

Applications sent after the appropriate deadline will be automatically disqualified.

Students should email their applications and additional required materials to:

U Soe Lay

E-mail: mphmyanmar@gmail.com

Telephone: 01 502884

If you have any questions about the program please let us know.

Additional required information:

Please include one copy of the following documents with your completed application. All official documents must be accompanied by an English translation.

- 1. A copy of the official letter of admission from the academic institution (if not available, explain why);
- 2. The official letter informing you of the details of the scholarship or financial aid award (if separate from the above);
- 3. Copies of your current and all additional academic transcripts (if not available, explain why);
- 4. Copy of the identifying pages of your passport, and Thai visa or other official I.D. (if no documents are available, please attach a short explanation);
- 5. Two reference letters: one from an academic advisor (including information on other funds received from your school, if applicable) and the other from a non-family member who is familiar with your work and potential. Please include in your application any additional information you feel may be helpful in the evaluation of your case.

NOTE: Omission of one or more of the documents mentioned above renders your application incomplete and will result in disqualification of the application. In the event that a document becomes available only after you submit your application, please indicate this on your application and send the missing document as soon as it becomes available.

MYANMAR MASTERS OF PUBLIC HEALTH: Scholarship Program

2013/2014 Application

THIS FORM IS FREE AND MAY BE DUPLICATED

- ♦ All information is treated with strict confidence.
- ♦ All questions MUST be answered.
- ♦ All sections must be completed in English.
- ◆ Adobe Reader (v.7 or higher) is strongly recommended for completing this form.

GENERAL INFORMATION

♦ PERSONAL	
Last Name(s) (As they appear on your documents)	
First Name(s) (As they appear on your documents) _	
Aliases	
Date of Birth (month/ day / year)	
Ethnic Group (Karen, Mon, Burman, Chin, etc.)	
Marital Status:	Your Gender: () female () male
*Spouse's Name	
♦ FAMILY	
Father's Name	Father's Occupation
Mother's Name	Mother's Occupation
Your parents' address	
♦ IMMIGRATION	
Are you Still Living in Myanmar? YES* (please skip	this section) O (please complete the rest of this section)
Immigration Status in country of current residence	
(stu	dent visa, legal immigrant, refugee, UNHCR person of concern, etc.)
♦ PRESENT ADDRESS	
Number and Street	Apartment Number
City/State	Postal Code
Country	
Telephone	E-mail

Name	Relationship
Address	
Home Phone	Work Phone
E-mail	
ACADI	EMIC INFORMATION
Please fill in the blanks in Number 1 or Nur	mber 2 below. Do not fill in more than one .
1. I have <u>applied</u> to the following univ	versity/college:
I expect to be notified of ac	ecceptance by
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EDUCATIONAL BACKGROUND

Please list your three most recent educational institutions:

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Dates (From - To)	Organization providing training	Title of Training Program	Location of Training Program

◆English Proficiency

If you have taken the Test of English as a Foreign Language (TOEFL) Exam or any other test of language proficiency in the language of instruction at the school you plan to attend, please include a photocopy of your test results and indicate the following:

Name of Test	Date	Location	Score

FINANCIAL INFORMATION

The amount of each scholarship award will be determined by the scholarship committee depending on the costs of the applicant's chosen course of study and any other sources of funding available to the applicant.

The program can cover costs for tuition, living expenses, medical insurance, books and other academic materials, limited research related costs and transportation to and from school for the duration of the academic year 2013-2014. Costs which were incurred before or will be incurred after this period cannot be covered by this scholarship program.

♦ WHAT FUNDING SUPPORT DO YOU ALREADY HAVE AVAILABLE?

In this section please show all of the financial assistance, assistance in kind (eg free accommodation or food), fee waivers, loans, grants or discounts you expect to have, for the academic year 2013/2014, to help you cover the total costs you have shown in Number 5 above.

If you cannot show anything in this section your application will be ineligible.

If you are not yet sure of the financial support that will be available to you please attach a cover letter to explain who you have applied to for funding, how much you have applied for and when you expect to hear the result.

	TYPE COSTS HER
1. Amount of Scholarship or Sponsorship	
If you do not have a scholarship or sponsorship, leave this blank.	
2. Amount of Fee Waiver	
If you do not have a fee waiver, leave this blank.	
3. Loans & Grants, including state benefits	
If you do not have loans or grants, leave this blank.	
4. Income from Part-Time Work	
If you do not have income from part time work, leave this blank.	
5. Personal Savings	
If you do not have personal savings, leave this blank.	
5. Family Contribution	
If you do not have a family contribution, leave this blank.	
7. TOTAL PROVIDED BY OTHER SOURCES (items 1-6)*	

information. Please include a	receive a scholarship or a sponsorship let		
Name of Sponsor or organiza	tion providing the scholarship		
Telephone Number	Address		
Please note that our funds are taken to obtain additional fund	limited and we do not offer full funding.	nding. Please indicate wha	t steps you have
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ESSAYS

Please submit the following essays with your application. Essays should be maximum 250-300 words each. Please confine your essays to the topics outlined below. Applications without *required* essays will be considered incomplete.

CANDIDATES SUBMITTING IDENTICAL ESSAYS WILL BE DISQUALIFIED!

		OGRAPHY						
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	FUTURE PLAN	
	qualified for this field of study? What do you intend to do when you graduate? What are you ext five years, and how do you plan to achieve them?	ır
ECCAV #2	ACADEMIC AND RESEARCH GOALS	
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APPLICATION AGREEMENT

By filling in the information below, I am indicating that all of the information contained in my application and

APPLICATION DOCUMENT CHECKLIST

A copy of the official letter of admission from the admitting institution (if not available, explain why in a cover letter)
Copies of your current and all additional academic transcripts (if not available, explain why)
The official letter informing you of the details of the scholarship or financial aid award (if you have one)
Copy of the identifying pages of your passport or other official I.D. (if no documents are available, please explain why in a cover letter)
Two reference letters: one from an academic advisor and the other from a responsible adult, other than a family member, who knows you well.
ESSAYS
ESSAYS Essay #1 - Biography
Essay #1 - Biography