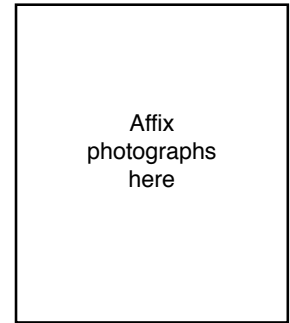


# SCHOLARSHIP APPLICATION FORM



## PERSONAL DETAILS INFORMATION (to be fully completed)

Surname		Given Names	
Name as will appear on certificate		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			
Postcode		Country	
Telephone / Home		Current Occupation	
Telephone / Mobile		Email	
Nationality		Date of Birth	
Contact in Emergency		Emergency Telephone	

## SCHOLARSHIP INFORMATION (to be fully completed)

Scholarship Program	<input type="checkbox"/> Audio Engineering	<input type="checkbox"/> Film Production
	<input type="checkbox"/> Music Business	<input type="checkbox"/> Visual Effects & Animation
Intake	September 2019	

## OTHER IMPORTANT INFORMATION (to be fully completed)

Describe any prior experience you have in the Creative Media industry	
Describe your professional goals	
Describe who inspires you and influences you in this industry	

## DECLARATION BY THE APPLICANT (to be fully completed)

I acknowledge that to enter the scholarship programme I must meet all the entry requirements for the chosen course and must be willing to take part in test/ interview session at SAE Indonesia. I have read and understood the terms and conditions of the enrolment procedures by SAE Indonesia set out on the website, brochures and handbooks, and I agree to abide by it. The applicant herewith grants the Institute the right to use his/her name, picture, and related works for promotional materials in the purpose of promoting SAE and its programmes. (Please sign below indicating that all information that you have written herein is true).

Signature of Applicant or Sponsor (Parent or Guardian if applicant is younger than 16 years. In that case please print name as well)	Date	Place