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## Master in Education Major in Measurement and Evaluation Scholarship Application Form

(Please type or write in block letters.)

A. PERSONAL II						
Full Name:	(Family)	(Fir	st Name)	(Middle Name)		
Date of birth:		Place	of birth:			
Home Address:						
Tel. No		М	obile No.			
			Fax No.			
Age:	Sex:	(	Civil Status:			
If married,						
Name of Spo	ouse:					
Age:	Employer:					
Employment	Address of spouse:	:				
Tel. No	Fax No.		_ Email:			
No. of childre	en					
(Please list b children)	pelow the names, a	ges, and so	hools or places of	employment of		
Name		Age	School/Pla	School/Place of employment		
Employer (Institution	on or Company):					
Employer's Address						
Ter No.	Fax 190:		Emaii:			
Name and address	of person to cont	tact in cas	e of emergency:			
Tel. No	Fax No	o	Email: _			
le this your first on	rolment under a d	raduate 5	rogram at Miria	n College ?		
				nder which program?		
		•		der which program:		
ალოლალ, ა	т Гі	ı Oğı allı				

## **B. PROFESSIONAL INFORMATION**

## I. Education

College/University attended (please start with the most recent):

Name of College/	Year		Major Subject/Field	Diploma/
University	From	То	of Study	Degree

## II. Experience and Background

Employment History (in chronological order, please use extra sheets if necessary):

Position	Name of Institution/ Employer		Year		
		,	From	То	
Description of most rec	ent job (Duties ar	nd Responsibiliti	es):		
Description of major are	ea of interest (ple	ase use extra sh	eets if necessary	y)	
Research carried out (p	lease use extra sh	eets if necessary	<b>/</b> ):		
Title of Res	earch		Duration		
	<b>-</b>	From		То	

Publications (please use extra sheets if necessary):

Title of Publication	Year Published	
State briefly reason for pursuing the degree	e:	_
		_
		<b>-</b> -
		-
		-
State briefly reason for applying for scholar	rship:	
		-
		- -
		-
		_
		_
Expected employment/job position upon c	ompletion of degree:	
		- -
		_
		_
		_
Have you applied for scholarship from other	er funding institutions? Yes No	
If yes, please state:	-	-
Name of Organization/ Funding Inst Date of Application:	titution:	_
Status of Application/Results:		-
		_
C. DECLARATION		
and correct. I also hereby authorize CE information given, anytime, as the same co	herein and in the accompanying documents M/Miriam College to check on the veracionstitute the basis for the granting or continto be given scholarship by CEM-Miriam Cothin the period specified.	ity of the nuation of
Signature over Printed Name of Applicant	 	
O	= <del>•</del>	