

[CTCI Corporation] Elite Scholarship Application Form

Application No.

(Sign)

I. Basic Information										
Name										
ID Card No.					Date of Birth	Date of Birth		1		
School which you are currently enrolled in					Department or graduate school/ year		/		Please attach 2 inch. photo	
School where you graduated from					Department					
Household address										
Email address							Phone			
Academic performance			Average grade of the previous academic year :points ; (If you are first-year graduate school student, please fill in your average grade from all academic years in the university)							
performance										
Military service status		fue	□No service obligation (Female/Foreigner) □Service pending □Service terminated □No service obligation (Attach documents of proof)							
II. Information about the referee professor										
Name				Title			ere the prof rrently serv			
Email address			Contact ph			t phone nu	mber			
Referee/ Supervisor Professor: (Sign)										
III. Checklist of the documents to be attached with the application										
□ Resume and autobiography (self-introduction, of plan; about 500 wo							ant students in the first ide one original grade			
	commendati m a profess		tter	□ Proof o	of language ency		etition or pro	nts, such as certificates, project reports, or academic		
 I hereby state that all information I have filled in above and the information I have attached are all true and accurate. I am willing to be liable for all legal consequences if any of the information is found to be false. I have thoroughly read the Company's rules concerning the Elite Scholarship and fully understand that I am obligated to fulfill my obligations when I apply for scholarship according to the said rules and after signing scholarship contract. I agree to allow CTCI Corporation to review and inspect any relevant information related to my scholarship application. I agree that CTCI Corporation may collect, process, and use my personal information I provide for scholarship application, review, and other related purposes according to Personal Information Protection Act and other laws. I understand that according to Article 3 of Personal Information Protection Act, I may send my written request to CTCI Corporation to search for, read, make copies, supplement, correct, cease to collect, cease to process, cease to use, and delete all my personal information I have provided in this form. I also understand that I may need to cover necessary costs for such request. 										