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## Trace Foundation International Scholarships Application Form (2011)

<b>Please choose only one of these:</b> <input type="checkbox"/> UDIS <input type="checkbox"/> PGDIS <input type="checkbox"/> PTS-IS <input type="checkbox"/> PTS-ISISEP <input type="checkbox"/> PTS-ISCPP												
Name (in Chinese as on ID card)			Name in Pinyin			Sex		Ethnicity			Recent photo	
Birth date		Birth Place 省 市/县			ID card #							
Name in Passport			Passport number									
Current employer			Years of work			Work title						
						Proposed school of study			Proposed subject			
						Proposed degree						
Language ability (check the cells)	<b>1.Tibetan</b>	Excellent	Good	Average	<b>2.English</b>	Excellent	Good	Average	<b>3.</b>	Excellent	Good	Average
	Listening				Listening				Listening			
	Speaking				Speaking				Speaking			
	Reading				Reading				Reading			
	Writing				Writing				Writing			

Work Place Contact Information (Please write in Chinese)	
Detailed Postal Address _____ _____ _____ _____ Zip code: _____	Tel _____ Mobile _____ FAX _____ Email _____ IM: _____

Permanent Home Contact Information (Please write in Chinese)	
Detailed Postal Address (Including name and zip code) _____ _____ _____ _____ Zip code _____	Phone _____ Mobile _____ Other Contact # _____

本栏仅供基金会工作人员填写 (For Office Use Only)

## I. Statement of Purpose

Please provide Tibetan version in the space below in **print style Tibetan handwriting**. Add additional pages if necessary

Content of this essay should include at least the following three main subjects:

1. Academic purpose
2. Academic design/plan
3. Future career goals

Statement of Purpose (Page 2)

A large, empty rectangular box with a thin black border, intended for the student to write their Statement of Purpose.

Statement of Purpose (Page 3 - Please add separate pages if needed)

Empty box for Statement of Purpose content.

## II. Personal background

**(1) Education** (Fill in information on schools attended from primary to the last. “Tib+CHN”: Tibetan as the main medium of teaching; “CHN+Tib:” Chinese as the main medium of teaching. Put check marks in the relevant cells. Cross out cells that are irrelevant to you)

Month/year to month/year	School Name	Teaching Medium			Department/college	Major	Degree
		Tib+CHN	CHN+Tib	CHN			

**(2) Employment** (only formal employment here)

Month/year to month/year	Employer	Location	Occupation	Duties (Teachers please specify courses taught)

**(3) Social activities** (voluntary work, self-aid part-time work, professional associations, etc. Add more pages of needed)

Month/year to month/year	Content	Time	Organizer	Your responsibilities	证明人及联系方式

### III. Academic Performance

**(1) School admissions scores** (Provide copies or scans of official score certificates. Specify names of foreign languages for foreign language tests)

Ph.D.					Masters					Bachelors				
	Subjects	Language used	Score	Full score		Subjects	Language used	Score	Full score	Subjects	Language used	Score	Full score	
初					初									
试					试									
	初试总分→→					初试总分→→								
复					复									
试					试									
	总分→→					总分→→					总分→→			

**(2) Degree Thesis** (Please provide separately photocopies or scans of the standard abstracts and the preface of the thesis)

	Thesis Title	Language	Grades	Academic Advisor's Name
Bachelors				
Masters				
Ph.D.				

**(3) Language and Professional Certification** (Provide separately scans or photocopies of the certificates)

Name of Test	Test Date	Score	Degree or Title Obtained
TOEFL			
IELTS			
大学英语过级考试 (CET)			
公共英语等级考试 (PETS)			
汉语水平考试 (HSK)			
计算机水平/等级考试			
职称考试 (请写明类别)			
专/执业资格考试 (请写明类别)			
Other			

### IV. Professional Achievements

**(1) Publications and writings** (Provide separately photocopies or scans of samples or the abstracts if a publication is too long. **Your entries below will be considered invalid and will not count toward your evaluative scores if photocopies or scans of samples are missing.** Add separate pages as needed)

Title/Content	Type (article, paper, book chapter, monograph, etc)	Language	Date Published	Publisher (or name of journals)

**(2) Other professional achievements** (Provide separately photocopy of scans of supporting documents)

Name/content	Year/month	Employer/professional affiliations

**(3) Records of professional merits and awards** (Provide photocopies or scans of official proofs. Your entries will be considered invalid and will not count toward your evaluative scores if photocopies or scans of proofs are missing. Add separate pages as needed)

Name/content	School/Employer	Date

## V. Relationship to Your Current Employer

Please fill in and answer the following:

1. Is your employer in support of your proposed study?  Yes  No  
 If yes, have you obtained official letter of approved leave?  Yes  No (If yes, please provide separately official letter of approval)
2. Will your employer provide you a salary during your proposed study?  
 In full  In part (Specify percentage \_\_\_\_\_)  
 No salary (If "In part" or "No salary," please provide separately official letter of proof)
3. Do you plan to return to your current employer upon completion of studies?  Yes  No  
 If no, what are your other employment and professional plans: \_\_\_\_\_
4. Does your employer have a concrete work arrangement for you upon your return?  Yes  No  
 If yes, please provide details: \_\_\_\_\_
5. Do you or will you have a contract with your employer and/or your local Education Bureau regarding your studies and your return?  Yes (Please provide separately a copy)  No

## VI. Family Background

Name	Relationship	Current Location	Occupation	Employer
	Self			

## VII. Information on Reference Providers

Contact information of your three reference providers (reference letters should be submitted directly by the reference providers)

Name	Employer	Title	Address	Contact method
				Tel
				Email
				Tel
				Email
				Tel
				Email



**VIII. Other Miscellaneous Information****(1) Have you in the past received any types of funding/support from Trace Foundation? If yes, list in table below**

Funding name/type	Grant #	From Month/year to Month/year	Note

**(2) Have any of your family members (spouse, siblings, etc.) applied to (or are in the process of applying for) Trace Foundation's grants or have received grants from Trace Foundation? If yes, provide the following**

Name of family member	Relation	Name/type of grant	Application/Grant # (if applicable)	Year/month to Year/month

**(3) Are you a relative of any Trace Foundation staff members?  Yes  No**

If yes, please provide the following: Name \_\_\_\_\_ Relation: \_\_\_\_\_

**(4) How did you learn about Trace Foundation's Scholarships?** Words of mouth Internet:

Name of website: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

 Newspaper or magazine

Name of newspaper/magazine: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

I certify all information provided above to be true. If I knowingly have provided false information, my eligibility to apply for the scholarship will be canceled, and any scholarship award already approved will automatically expire. Further, I will be disqualified from applying for any other Trace Foundation scholarship in future.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

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