Data Sheet / Mitsubishi UFJ Foundation Scholarship Program 2020

(Please fill in all in English only)

Date: _____ 2020

Recent Photo

University : **University of Medicine and Pharmacy, Ho Chi Minh City**

Faculty / Course : _____

Year of Admission : _____ **Grade (Academic Year) :** _____

Full Name (English) : _____ **( )Male ( )Female ( )Others**

Student ID No. : _____

Date of Birth : _____

Nationality : _____

Email Address (1) : _____

Email Address (2) : _____

E-mail address is most important. Please make sure it's written properly and neatly so that we are able to keep contact with you in the long run. We are looking forward to hearing from you how you would be playing active roles in the society.

Present Address : _____

Personal Statement and Your Future Career Plans

We emphasize the personal satatement and future career plans for assessment.

(In addition to this form, transcript / academic records must be attached)

*** Personal Information**

Mitsubishi UFJ Foundation will use the personal information acquired here to conduct our scholarship programs and to contact with you. To conduct our programs, Mitsubishi UFJ Foundation may share the information with the above mentioned university and MUFG Bank. Your personal informatlion will be protected by our internal rule required by our law. If you like to correct, add or delete any data in your personal information, you can request us by sending e-mail from above mentioned address or by contacting with us through the above mentioned university.