Consulate General of the State of Kuwait Kuwait Cultural Office Los Angeles



القنصلية العامة لدولة الكويت المكتب الثقافي الكويتي لوس أنجلوس

SCHOLARSHIP APPLICATION DATA SHEET

Name: (Copy from Passport. Indicate	other sr	elling of name, if any	. by the School.)	
School:	·		, , : : : : : : : : : : : : : : : : : :	
Date of Birth (MM/DD/YY)		Place of Birth:		
Passport No.:		Civil ID No.:		
Date Issued (MM/DD/YY)	Place of Issue	e:		
Height:		Weight:	lbs.	
Permanent Address:		Tel. No:		
Father's Name:			Age:	
Occupation:				
Mother's Name:				
Occupation:				
Number of Brothers:				
For Married Students ONLY:				
Spouse's Name:				
Children's Names and Ages:				
Name	Age	Name		Age
If spouse has a separate passport, Pa	issport N	o.:		
Date Issued (MM/DD/YY):		_Place of Issue:		
Check one:				
Family will accompany me Family will follow later				
Family will remain in Kuwait				
Check Program:				
Ministry of Education			it University	
Civil Service Private			Leave with pay Leave without p	ıav
Other		Study	, Leave without p	~ y

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What do y	ou plan to study	Major)?	
Degree Le	vel:		
When do y	you plan to start I	inglish?	
When do y	you plan to start <i>i</i>	Academic work?	
Period for	which scholarshi	o is requested: From To	
Secondary	y Schools:		
From	To	Name of School Track: Art / Science (Choose)	
Colleges/l	 Universities atter	ded:	
From	To	Name of School	Degree
in England If Yes, whe In your pre	l) Yes en and where? evious schooling,	you have any other opportunity to practice E No were any subjects taught in English? 	Yes No
Signature			
Please do	not write below	this line.	
Date Rece	ived		
Date of U.	S. Arrival (I-94)		
Type of Vi	sa		
English Laı	nguage School		
Regular Pr	ogram School		
Local Prog	ram School		
ID Numbe	r		
001.0	Ciavana Chuash 10	th floor I I so America CA UCA 00017 Dhama, 210	746 4700 500 210 700 1150