APPLICATION FORM FOR THE KWANG YOUNG CHOI SCHOLARSHIP PROGRAM

Please note: This form must be filled out electronically. Do NOT print or scan this document. All fields marked with an asterisk (*) are mandatory.

SECTION 1. APPLICANT'S PERSONAL DATA

Full Name:*

Date of Birth:*

Mobile Phone:*

Personal Email:*

SECTION 2. ACADEMIC DETAILS

Your status for the current academic year:*

- ☐ Applicant / 1st-Year Student
- ☐ 2nd to 4th-Year Student
- ☐ KICB Scholarship Renewal

Educational Institution (Higher Education / Specialized Secondary)*:

Faculty and Major:*

Current Year of Study:*

GRT Score: (General National Testing)

Current GPA / Academic Average (for 2nd–4th year students):

SECTION 3. SOCIAL STATUS

Please select the categories that apply to you (you may select multiple) and attach the corresponding certificates to the comprehensive PDF file:

- ☐ Individuals left without parental care (orphans)
- ☐ Individuals with disabilities
- ☐ From single-parent families
- ☐ From large families
- ☐ Socially vulnerable / Requiring financial assistance

SECTION 4. MOTIVATION LETTER*

A brief essay (maximum 300 words). Explain your decision to pursue studies in your chosen field, describe your goals and ambitions, and clarify how obtaining this education will help you achieve them.

SECTION 5. LEGAL CONSENT AND SIGNATURE

CJSC "Kyrgyz Investment and Credit Bank" (KICB) expresses its gratitude for your interest in the scholarship program. Please confirm your consent to the terms of the competition.

Terms of Participation and Waiver of Claims: In accordance with the Law of the Kyrgyz Republic "On Personal Information," I hereby grant my unconditional consent to CJSC "KICB" for the collection, processing, and transfer of my personal data to the members of the Bank's selection committee for the purpose of conducting the competition.

I confirm that participation in the program constitutes full agreement with its rules. The results of the competition are final. Complaints, claims, and requests for clarification regarding the committee's decisions will not be considered by the Bank. KICB reserves the right to modify the terms and schedule of the program at any time without prior notice. I hereby waive any and all demands or claims against the Bank related to the selection process and its outcomes.

☐ **I confirm the accuracy of the data, accept the terms of the competition, and consent to the processing of my personal data.***

Applicant's Electronic Signature (Enter Full Name)*:

Date of Completion:*

FOR APPLICANTS UNDER 18 YEARS OF AGE

To be completed by a parent or legal guardian if the applicant is between 16 and 17 years of age (inclusive) at the time of submission.

☐ **I, as the parent / legal guardian, hereby confirm my consent for the minor to participate in the competition, accept the terms of the waiver of claims against the Bank, and authorize the processing of their personal data.**

Full Name of Parent / Guardian*:

Date of Completion:*