



SOUTH SUDAN HIGHER EDUCATION INITIATIVE FOR EQUITY AND LEADERSHIP DEVELOPMENT (SSHIELD) PROJECT

**Indiana University Master’s Degree in Secondary Education
with funding from USAID through Higher Education for Development (HED)
Preliminary Application Form**

SECTION I: PERSONAL INFORMATION

Name: _____
As listed identification document (Surname) (First) (Middle)

Country of Citizenship: _____

Country of Legal Residence: _____

Place of Birth: _____
(City) (County)

Date of Birth: _____
(Month) (Day) (Year)

Gender: Male _____ Female _____

**note: only female applicants will be considered for scholarship program.*

Location of Work: _____

Nationality Certificate No: _____

No. of Children _____ Other dependents: _____

Highest level of education of (Please tick what is applicable):

Father:	None	Primary	Secondary	College/University
Mother:	None	Primary	Secondary	College/University
Spouse:	None	Primary	Secondary	College/University



Name: _____

Contact Information (must be reliable)

Postal address: _____

Town: _____ County: _____

State: _____

Mobile No: _____

Office / Business Telephone: _____

Email Address: _____

Next of Kin

Name: _____ Relationship to you: _____

Mobile No: _____ Email Address: _____

SECTION II: EDUCATION BACKGROUND

A. Beginning with the most recent institution, list all universities and colleges attended and qualifications obtained.

Institution (Name, town, country, phone & email)	Years of study		Degree(s) obtained, class and date	Grades (GPA)	Specialization / Field of Study
	From	To			

**If selected as a finalist, you will need to provide official copies of certificates/transcripts from each institution attended.*

Name: _____

B. Beginning with the most recent institution, list all secondary and primary schools attended.

Institution (Name, town, country)	Years attended		Certificate obtained and date
	From	To	
Secondary schools			
Primary schools			

SECTION III: EMPLOYMENT HISTORY

In the table below, summarize three most recent job / employment / gainful engagements you have undertaken beginning with the most recent.

Position Held	Period		Institution (Name, Phone & Contact Person)	Type of Employment (Specify: Public, Private, Self Employed)	Duties & Responsibilities	Key Achievements
	From	To				

SECTION IV: STATEMENT OF INTEREST

Statement of Interest: Please provide a statement (**approximately 500 words**) that identifies your academic goals, career objectives, why you are applying for this program, and the qualifications that make you a strong candidate for this program. Your response will give the selection committee an opportunity to better understand you and your desire to participate in the program.

Name: _____

SECTION V: NAMES OF REFEREES

Please provide contact information of three (3) referees. If you are among applicants shortlisted and become a finalist, you will be required to ask these referees to send the reference to SSHIELD Office, located at the University of Juba; College of Education (sealed and signed).

A. First referee (Academic)

This Referee should be someone who can attest to your Academic ability, that is, an individual under whom you have studied, someone who has supervised your academic work or interacted with you academically in any other way.

Title and Name: _____

Position: _____

Address: _____

Telephone (Office): _____ Mobile No.: _____

Email Address: _____

How long have you been known to this referee: _____

What is his/her academic relationship to you: _____

B. Second referee

This should be someone who can provide information on your leadership qualities and community involvement by virtue of having worked with you closely.

Title and Name: _____

Position: _____

Address: _____

Telephone (Office): _____ Mobile No.: _____

Email Address: _____

How long have you been known to this referee: _____

What is his/her relationship to you: _____

Name: _____

C. Third referee (Professional)

This should be someone who has supervised or worked with you professionally or interacted with you professionally in any other way.

Title and Name: _____

Position: _____

Address: _____

Telephone (Office): _____ Mobile No.: _____

Email Address: _____

How long have you been known to this referee: _____

What is his/her professional relationship to you: _____

By signature below, I certify that to the best of my knowledge, the information provided in all sections of this application is accurate.

Name of applicant: _____

Signature of applicant: _____ Date: _____