

# **Application Form**

All applicants interested in AYLEP are required to complete this application in full. Item marked with an asterisk\* is compulsory. The application may take around 10 minutes. Please feel free to contact our Admissions Officer at <a href="mailto:admissions@aylep.com">admissions@aylep.com</a> should you need any assistance.



#### **A. Personal Information**

Full Name (CAPITAL LETTER, as per Passport)*	
Family Name (Surname) *	
Date of Birth * (DD/MM/YYYY) / /	Gender*
Passport No.*	
Country of Issue*	Date of Expiry* (DD/MM/YYYY): / /

#### **B. Contact Information**

E-mail Address *	
Alternative E-mail Address*	
Mobile Number*	
Country Code – Phone Number	

### **C. Health Conditions**

Allergies*
Major Health Problems*
Medication Currently Taken*
Dietary Requirements (NA/Halal/Vegetarian) *



### **D. Education Information**

University/College/School Name*						
Grade Level * Graduate (P			(PhD/Master)			
Please select (x) to indicat	te	Undergra	duate (Bachelo	r/Diploma)		
		High Scho	ool			
		☐ Teacher/	Faculty Member	:/Staff		
Major/Faculty*						
Year of Study/Posit	tion *					
Indicate position for Teac Member/Staff ONLY	her/Faculty					
Please select (X) to	indicate your l	English proficie	ncy with 1 being	g lowest and 5 b	eing highest.	
	1	2	3	4	5	
English*						
Native Language (Please Specify) *						
E. Parent/Guar	dian/Next-d	of-Kin Inforn	nation			
Full Name*				Relationship with Applicant*		
Occupation*			Mobile Nu Country Code – Number			
E-mail Address*			l			



## F. Achievements/Experiences

Awards/Scholarships				
Co-Curricular Activities (Clubs, Societies, Sports, Performing Arts or Competitions, etc.)				
Volunteer/Internship/Job Experience				



## **G. General Questions**

Please answer the following questions in no more than 200 words each.

Why do you want to take part in the Asian Youth Leaders Elite Program? How does it fit into your personal goals now, and your future career/life goals? $*$					
What characteristics do you possess that make you qualified to be in our program? *					
Tell us a difficult challenge you faced and how did you overcome it? *					



# H. Scholarship Application Question

Please select (X) if yo below) *	ou would like to apply for scholarship? (If yes, please answer the question
Yes [	
No [	
	dditional information that you would like to share with us? Are there any essess that were not addressed in this application that you feel are important
(Please answer the follo	owing question in no more than 500 words)



#### I. Choices

	Please rank	your (	choices	from	the fo	llowing	list of	countries:
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Nepal, United Arab Emirates, Tanzania

1st Country*			

3rd Country\*

2nd Country\*

#### **Declaration**

I hereby declare that the particulars provided are true to the best of my knowledge and that I have not willfully suppressed any material facts.

Please pay the application fee after your submission. As all communication regarding your application will be via email only, kindly check your email regularly.

	(Please insert your digital signature here)	D - (DD (1414 (1444))	,	,	
Signature:		Date (DD/MM/YYYY) _			

Please send this application form to <a href="mailto:admissions@aylep.com">admissions@aylep.com</a> after completing it.