

# **EPOP Student Application**

Application Period: August 1 - 31, 2015

Fill out this application and email it to apply@epopasia.org. Late applications <u>will not be accepted</u>. Incomplete applications will be rejected. Make sure you check the epopasia.org website for application due dates.

Perso	nal Information						
Name			En	iail			
Date o	f Birth		Ge	nder		Phone	
WHERE	E DO YOU LIVE NOW?		wı	IAT IS YO	UR TARG	ET LEVEL?	
Addres	ss					DEFL ITP 600+	
City	Coun	try	1	ligh inter	mediate l	DEFL ITP 550 evel - TOEFL ITP 5 evel - TOEFL ITP 45	
Educa	ation Background - List	the schools you have	attend	ed.			
	Name of School	From	To	L	ocation		Certificate
Secon	dary		-				
Post S	econdary		-				
1st Ur	niversity		-				
2nd U	niversity		-				
Work	« Experience						
	e list your most recent wor	k and volunteer exp	erien	e. List y	our cur	rent or most re	cent job first.
N	ame of Organization/Insti	tution Position	Fr	om T	o L	ocation R	esponsibilities
1.							
2.				-			
3.				-			
Unive	ersity and Program Ch	oices					
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counse	do not know how to decidelor before filling out this agentum out this agentum of the contraction of the cont	pplication. Please also	o ask t	nem abo	ut <u>the e</u>	xam(s) and scor	es required for you
	Name of University	Program		Test Rec	quired	Score Require	d Date needed
1st							
2nd						,	,,
3rd							

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-			Д	Y

1. Name Email Phone	<b>Essay 1</b> - How will studying in the program you listed above contribute to your current and long term career goals? Please limit your essay's length to the area provided below.					
the length of your essay within the box provided.  REFERENCES  1. Name Email Phone						
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the length of your essay within the box provided.  REFERENCES  1. Name Email Phone	Essay 2- Pick a significant experience	e from your own life and explain how it	has influenced you. Please keep			
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	REFERENCES					
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z. Name   Phone	2. Name	Email	Phone			

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If you would like to apply for financial support, please complete all part of this page and indicate your needs here below.

**EPOP** has a limited number of financial aid programs. If you can afford to pay the costs of the course, please leave this opportunity to people who most need it.

#### **COURSE FEE**

20,000 MMK in Myanmar 600 THB in Thailand

I need financial aid to cover the course fee.

#### **COSTS OF LEARNING MATERIALS**

	Academic English 1	Academic English 2	TOEFL ITP
Myanmar	15,000 MMK	15,000 MMK	20,000 MMK
Thailand	500 THB	500 THB	600 THB

I need financial aid to cover the costs of learning materials.

### **INSTALLMENT PLAN**

The installment plan divides the costs of the course into two payments per semester: **50%** before September 30, 2015 and **50%** before October 31, 2015

I would like to apply for this installment plan.

Family	and	<b>Financial</b>	Information	ì
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, , ,	ve in your home (including yourself)?						
2. How many people ea	arn income in your household?						
<b>3.</b> Write the number of	siblings and/or family members currentl	y studyir	ng at the following levels:				
Elementary/Mid	Elementary/Middle School: Secondary School: College/University:						
<b>4.</b> How many desktop o	or laptop computers are in your househo	ld?					
<b>5.</b> Complete the follow	ing information for each family member	in your h	nouse (7 members-max):				
Name (First and last)	Relationship to You (Mother, Father, Sister, Aunt, Cousin)	Age	Highest level of Education (Primary, secondary, Post-secondary program, University)	Occupation			

**Personal Statement** - Write a paragraph in the provided box below and **briefly describe why you are applying for financial aid.** (150 words-max)

# **COURSE INFORMATION**

**COURSE DATE:** September 25, 2015 - February 26, 2016 **HOLIDAY BREAK:** December 25, 2015 - January 2, 2016

#### **ENROLLMENT FEE**

 Academic English 1:
 35,000 MMK / 1100 THB

 Academic English 2:
 35,000 MMK / 1100 THB

 TOEFL ITP
 :
 40,000 MMK / 1200 THB

Enrollment fee includes course fee and all learning materials.

PAYMENT DUE: October 31, 2015

Please read carefully the application procedure as follows;

- 1. Sending application by applicants **only as PDF file format** (Not Scanned Copy) and the file name as **your name-EPOP Aug 2015**, e.g. *MinKoKo-EPOP Aug 2015*.
  - \* clear and correct spellings of name, email address, phone numbers, etc.
  - \* regular email check
  - \* describing full name when replying or sending emails
- 2. Receiving the acceptance letter from EPOP
- 3. You will be invited to sit for EPOP entrance Exam: face to face diagnostics test or via online diagnostics test
- 4. Face to face entrance exam will take place several locations in Myanmar and Thailand
- 5. Both face to face entrance exam and via online test will due on **September 20, 2015**

# **CERTIFICATION**

Please type your name below indicating that you agree to the statement below. Return this application to apply@epopasia.org.

"I certify that all of the above information I have provided is correct without embellishment. I understand that if I am accepted into EPOP, I have a responsibility to complete all assignments and be vigilant in my studies. I understand that if I fail to do so, my enrollment will be terminated.

I authorize EPOP to share my application, essays and any scores I receive with potential scholarship organization in an effort to find financial support for my university entrance, otherwise all information will remain confidential. I further understand that if accepted into the program, I will provide any additional information and communicate regularly with EPOP to ensure success on my relevant examinations.

I also understand that successful completion of EPOP courses does not guarantee me a scholarship or entrance to a university. It is clear to me that it is my responsibility to seek out information on opportunities and apply for entrance to and funding for a university degree."

Upon completion of this application, click save as and then send it to apply@epopasia.org					
Your Signature	type your name	Current Date			