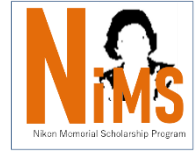




**The Niken Memorial Scholarship Program Application Form
for Health Promotion Award 2023 (NiMS-HP)
(for Indonesian researchers)**



Applicant Information

Full Name _____

Address _____

Phone _____ Email _____

Affiliation _____

Supervisor _____ Email _____

Education

1. _____ Year completed: _____
2. _____ Year completed: _____
3. _____ Year completed: _____

Work Experience

1. _____ Year employed: _____
2. _____ Year employed: _____
3. _____ Year employed: _____

Awards

1. _____ Year received: _____
2. _____ Year received: _____
3. _____ Year received: _____

Research Achievements (Use another sheet of paper if needed. List all including books, publications, presentations, etc.)

1. _____

2. _____

3. _____

4. _____

5. _____

Scholarship Essay

What oral health promotion program/s do you think is/are important for Indonesia now? Why?

Disclaimer and Signature

I certify that all the information stated herein is true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____