



جامعة الفيصل
Alfaisal University

Scholarship Application Form

Name: -----

***Gender:**

- Male
 Female

Nationality:

- Saudi
 Non-Saudi

Saudi National ID: -----

Iqama /Passport Number: -----

Phone number: ----- - **Email:** -----

Date of applying for the program: -----

Speciality:

- Teacher.
 Principle.
 School counselor.
 Psychiatrist.
 Clinical Psychologist.
 School / educational psychologist.
 Child and adolescent counselor.
 Clinical social worker.
 Behavioural therapist.
 Developmental pediatrician.
 Occupational therapist.
 Speech and language therapist.
 Pediatrician.
 Doctor/Nurse.
 Other. please specify-----



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Qualification:

- Bachelor's degree
- Master's degree
- Doctorate degree.

Years of experience:

- 1-3 years of experience
- 3-6 years of experience
- 6-10 years of experience
- More than 10 years of experience

Work setting:

- School
- Hospital
- clinic
- Specialized centre
- Other
Please specify -----

Age of children you work with:

- 1-5 years
- 5-12 years
- 12-18 years

- I would like to apply for the scholarship of the Postgraduate Diploma in Child Mental Health**
- I understand that scholarship eligibility is determined on a case-by-case basis, with priority given to applicant whose educational background and professional experience align with program vision and goals.**

Applicant Signature: