ISRAEL GOVERNMENT SCHOLARSHIPS (Academic year: 20__ - 20__)

APPLICATION FORM

Recent Photograph

To be filled in English, in triplicates

Country of origin: _____

Scholarship required:

1. Short term Scholarship: language Summer Course (Ulpan)

2. Long term Scholarship: (one academic year=8 months only): (please circle your choice): Post Doctorate/Research/Ph.D./ M.A./overseas program

Personal details:

1. Surname: _____
2. First name: _____
3. Place of birth: _____
4. Citizenship: _____ Additional Citizenship: _____
5. Date of birth: _____
6. Gender: **Male / Female**
7. Permanent address: _____
   _____
8. Current address: _____
   _____
9. Passport no.: _____
10. Telephone: _____ Cellular Phone: _____
11. Fax: _____
12. E-Mail: _____
13. Marital status: _____

14. At which institution do you wish to pursue your studies or undertake research work?
    a. _____
    b. _____
    c. _____

15. Do you have a supervisor already? (for post doctorate and research students only)

    NO / YES Name of supervisor: _____
    (please enclose any letter you have from your supervisor)

16. Have you been in contact, or have you registered to any university or professor in Israel (Please indicate): _____

17. Have you been accepted by any university or professor in Israel? (Please indicate and enclose a letter of acceptance). _____

18. Current and previous university education:

    List in chronological order, starting with your current enrollment, all colleges and universities you have attended.

Name and place of institution	Major	Number of years	Date of graduation	Degree

19. In which language will you conduct your research/studies in Israel? _____

20. Language skills (x=none; xx=poor; xxx=fair; xxxx=good; xxxxx=fluent)

Languages	Reading	Speaking	Writing
Hebrew			
English			
Other:			

21. Type of proof for language skills: _____

22. Present occupation: _____

23. Detailed program for your studies in Israel. (if this space is insufficient, please use a separate sheet and attach it to this form as an appendix).

_____

_____

_____

_____

_____

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_____

_____

24. Other details that you consider important for the evaluation of your application.

_____

_____

_____

_____

_____

_____

_____

_____

MEDICAL HEALTH CERIFICATE:

1. Name: _____
2. Place of birth: _____
3. Date of birth: _____
4. Address: _____

   _____
5. Person to be notified in case of emergency:

   Name: _____

   Full address: _____

   Telephone No. _____

   Cell phone No. _____

   Fax No. _____

   E-Mail: _____

The following details are to be supplied by a registered medical practitioner:

1. Past medical history: _____

   _____

   _____

   _____

2. Present state of health: _____

   _____

   _____

3. Results of general examination:

   Blood pressure: _____ Weight: _____ Height: _____

4. Is the applicant suffering from:

   An infectious disease? _____

   A skin disease? _____

   A Psychological disorder? _____

   Cardiac condition? _____

   Any other diseases? _____

5. Remarks: _____

   _____

6. Is the applicant in good health and able to physically and mentally engage in intensive studies in a foreign country?_____

   _____

Name of examining physician: Signature of examining physician:

_____ _____

_____

Date of examination: _____

To be signed by the applicant:

I, the undersigned, declare that all of the above information in this application form is complete and accurate to the best of my knowledge. I am aware that giving incorrect answers to any of the above questions may lead to the cancellation of my application.

Date: _____ Signature: _____