

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

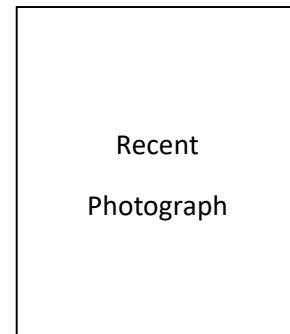
APPLICATION FORM

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).

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: _____