

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

Recent
Photograph

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: _____