



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

APPLICATION FORM

To be filled out, in English, in triplicate

Country of origin: _____

Scholarship required:

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

2. Long term Scholarship (One Academic Year = 8 months only):
Post Doctorate/ Research /Ph.D / M.A. / Overseas program

Attach recent
photograph

1. Surname: _____

2. First name: _____

3. Place of birth: _____

4. Citizenship: _____

5. Date of birth: _____

6. Gender: Male / Female

7. Permanent address: _____

8. Passport no.: _____

9. Telephone: _____ Cellular Phone: _____

10. Fax: _____

11. E-mail: _____

12. Marital status: _____

13. At which institution do you wish to pursue your studies or undertake research work?

A. _____

B. _____

C. _____

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

YES Name of supervisor _____

(If yes, please enclose any letter you have from your supervisor.)

NO

15. Have you been in contact, or have you registered to any university or professor in Israel?

(Please indicate.)

16. Have you been accepted by any university or professor in Israel? (Indicate and enclose a letter of acceptance).

17. 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	No. of Years	Date of Graduation	Degree

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

19. Language Skills: (x – none ; xx – poor ; xxx – fair ; xxxx – good ; xxxxx – fluent)

Languages	Reading	Speaking	Writing
Hebrew			
English			
Other (specify)			

20. Type of proof for language skills: _____

21. Present occupation: _____

22. 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).

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

MEDICAL HEALTH CERTIFICATE

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 forms 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: _____