

SCHOLARSHIP APPLICATION FORM
UNIVERSITY OF HAIFA HEBREW ULPAN – JULY 2014

- Applications must be submitted no later than **May 1, 2014**
- Reference(s) must be submitted no later than **May 1, 2014**
- Your application must be sent by email to kdor@univ.haifa.ac.il

Note: Response boxes will automatically expand as you type in them. You may use the tab or arrow keys to move through the form. Click with the mouse on the check boxes to fill them in.

APPLICANT DETAILS

Name (please include title e.g. Mr, Ms, Dr)			
Mailing address			
Telephone number			
Mobile phone number			
Email address			
Date of birth		Place of birth	

APPLICANT ACADEMIC BACKGROUND

Current studies:

Department / Institution name	
Address	
Level of study (e.g. BA, MA, PhD)	

Previous academic studies:

Department/Institution name	Degree subject	Degree type and final result/grade (e.g. BA, BA honours, Diploma)	Dates attended

Please provide the final transcripts of grades/credits received for all previous degrees. Original documents which are not in English must be submitted along with an English translation (an unofficial translation will be sufficient). Please combine all transcripts into one document. Translations, if needed, may be in a separate document.

Other relevant academic experience (e.g. language course, conference presentation, articles published):

Language skills:

Native language: _____

Other languages	Level*

*e.g. Beginner, Intermediate, Advanced, fluent speaking, fluent reading, fluent writing

Why have you selected this language programme?

Please explain how this language course will contribute to your research and studies within the field of Jewish Studies.

REFEREE

14. Please supply the name and full contact details of a referee who will provide us with a confidential assessment of your proposal. The referee should be your supervisor or another qualified faculty member who can confirm the value of this language course for your studies.

Name:	<div style="border: 1px solid black; height: 20px;"></div>
Institution:	<div style="border: 1px solid black; height: 20px;"></div>
Position:	<div style="border: 1px solid black; height: 20px;"></div>
Address:	<div style="border: 1px solid black; height: 50px;"></div>
Email:	<div style="border: 1px solid black; height: 20px;"></div>
Telephone:	<div style="border: 1px solid black; height: 20px;"></div>
Mobile phone number:	<div style="border: 1px solid black; height: 20px;"></div>
Fax:	<div style="border: 1px solid black; height: 20px;"></div>

15. How is your referee familiar with your work and/or the institution to which you are applying?

DECLARATION

I declare that the information supplied in this form is accurate to the best of my knowledge, and that I am able to accept a grant subject to conditions and to repay funds should these conditions not be met.

Applicant's signature: _____

Date submitted: _____

NOTES FOR GRANT APPLICANTS

- Hand-written applications will not be accepted. Please ensure that you keep to the format.
- Please ensure all documents requested are submitted or your application may not be considered for funding.

SUBMISSION CHECKLIST

Please ensure that your application is accompanied by the following documents as it will not be considered for funding if you fail to include them. This applies to all applicants, including those that have received funding from the Foundation in the past.

You are required to send an English translation for any document that is not written in English.

- | | |
|---|--------------------------|
| Applicant CV (maximum 3 pages) | <input type="checkbox"/> |
| Final transcripts of grades/credits received for all previous degrees
Please combine all transcripts into a single document. | <input type="checkbox"/> |
| English translation for documents not originally written in English | <input type="checkbox"/> |
| Scanned copy of signed declaration page | <input type="checkbox"/> |