**APPLICATION FORM**

Passport picture

Please complete this form in print, not by hand, and enter details in **English,** except where Hebrew is indicated.

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| 1. **Details of Academic Institution:**   **/** | | | |
|  | Name of Institution (Hebrew) |  | Name of Institution |
|  | Faculty (Hebrew) |  | Faculty |
|  | Department (Hebrew) |  | Department |
| 1. **Details of applicant:** | | | |
|  | Family Name (Hebrew) |  | Family Name |
|  | First Name (Hebrew) |  | First Name |
|  | Country of birth |  | Date of birth |
|  | Nationality |  | Date of Aliya (if applicable) |
|  | URL |  | Family Status |
|  | Home Phone number |  | Home address |
|  | University Phone number |  | University address |
|  | Cell phone number |  | Email address |
|  | Current employment |  | Address for correspondence |
| 1. **Details of studies:** | | | |
| **B.Sc.** | | | |
|  | Grade average |  | Approval Date |
|  | | | Name of academic institute |
| **M.Sc.** Unless in the case of studies in a Direct to PhD programme | | | |
| In the case of a direct-track PhD, please provide MSc grade average and date of the stage approval | | | |
|  | Grade average |  | Approval Date |
|  | | | Name of academic institute |
|  | | | Thesis Advisor/s |
|  | | | Thesis Title |
| **Ph.D.** | | | |
|  | Submission date |  | Commencement date |
|  | Estimated date of completion |  | Approval date \*\* |
|  | Name of Advisor/s (Hebrew) |  | Name of Advisor/s |
|  | | | Ph.D. Thesis title (English) |
|  | | | Ph.D. Thesis title (Hebrew) |

\*\*see Note 4 ii. of the Programme Information document

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| 1. **Any additional comments:** |
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Continued….

**APPLICATION FORM - continued**

**Candidate’s Declaration and Commitment**

**PLEASE NOTE: Only original signatures, not digital signatures, will be accepted**

**Candidate’s Declaration:**

I hereby declare that all above noted details on this application form are correct and accurate.

Signature: ……………………………………….………………………. Date: …………………….

**Candidate’s Commitment:**

I hereby confirm and commit to the following:

1. I have read the Application Submission Regulations and agree to abide by the conditions and instructions therein, including the condition that I will not be employed outside the academic institution during the period in which I am receiving the Clore Scholarship.
2. I may only receive additional grants under the following conditions:

* Additional income from internal sources in the academic institution in which I am studying, on the condition that the income is not more than 50% of the Clore Scholarship payment.
* This income, together with the Clore Scholarship, will not be more that the maximum allowed by the academic institution in which I am studying. (Note that this relates only to the scholarship grant and not to the personal prize or research expenses).
* During the period in which I am receiving the Clore Scholarship I may not be employed in teaching by the academic institution for a period greater than a quarter of the total acceptable teaching position.

1. I understand and accept that the Scholarship payments could be halted if I discontinue my research for a period longer than six months, or if it is decided by the academic institution, according to their own decision processes, that I have little chance of completing my research in the required time.
2. To report to the academic institution regarding any halt in my research for a period longer than six months.

Signature: …………………………………………………………………. Date: ………………….