**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: ………………….