**President's Scholarship for Students in the PhD Direct Track Program**

**2022-2023**

**Instructions**

Applicants are requested to submit the application form and the relevant appendices in **one PDF** file to the department secretariat. The PhD departmental committee will discuss the student's application and the faculty will transfer the departments applications as a whole to the Graduate Studies Authority.

Please enquire about the submission deadline from the department, in advance.

Students attached to The University Committee for Research Students only, will send their application in one PDF file to: aabutbul@univ.haifa.ac.il.

The following documents should beenclosed to the application, in one PDF file, at the same order as appear below:

1. Signed scholarship application form, including a Scholar Declaration signed by the candidate.
2. Transcripts for Bachelor's/Master's degree.
3. Certificate attesting successful completion of Bachelor's degree.
4. Curriculum Vitae including the following points:
5. Research experience in bachelor's/master's degree studies, including research seminars' names, and/ or guided research, and the respective grades attained..
6. Scientific publications in refereed scientific journals.
7. Participation in scientific conferences.
8. Work as research/teaching assistants, mentioning the institutions and the names of academic staff members they worked with.
9. Community service and volunteer activities (in the community) Please attach references).
10. Approval from the institution where the candidate studied indicating the ranking of the candidate among a reference group (department, class, etc.)
11. Two well-reasoned recommendation letters, one from the PhD supervisor and one from a senior faculty member acquainted with the candidate.
12. Bottom of Form

**To:** The Graduate Studies Authority

**Scholarship form PhD students**

**President Scholarship application for Direct Track** Photo

1. **Personal Details**

Family name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female Family status \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student no./I.D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Academic studies (please attach copies of your transcripts and diplomas):**

|  |  |  |  |
| --- | --- | --- | --- |
| Years | Institution | Grades | Degree |
|  |  | BA average grade: | Bachelor |
|  |  | MA average grade: | Master |
| Thesis grade: |

**3. Awards, Excellency, Articles published, Active participation in conferences, etc:**

|  |  |
| --- | --- |
| Year | Award/ Scholarship |
|  |  |
|

**4. PhD Supervisors:**

|  |  |  |
| --- | --- | --- |
| Institution/ Department | Position | Name |
|  |  |  |

**5. Work experience:**

|  |  |  |
| --- | --- | --- |
| Year | Position | Institution/ Department |
|  |  |  |
|

**6. Any further information related to exceptional academic, research and/or social achievements.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Request for authorization of paid occupation to scholarship recipients**

**(Even if you are not working, you are required to complete this form.)**

**To:** Graduate Studies Authority

**From:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student no./I.D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular Phone no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby declare that I do not intend to engage in any occupation in return for**

**financial renumeration.**

**I would like to receive approval for the following remunerated occupations:   
  
Please provide detailed information regarding all your occupations, inside and outside the University- Employer certificate is required**

**First Semester:**

Place of work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extent of position (%) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working hours per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working days per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Second Semester:**

Place of work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extent of position (%) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working hours per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working days per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PhD Direct Track scholarship recipients undertake that they will not work in teaching or research at an extent which is exceeding 25% position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature Date

**Supervisor's Approval**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the terms and goals of the scholarship. The student's details correspond with the information I am aware of. The scholarship will contribute to the progress of the student as well as to the department/ University.

I support the application (detailed letter of recommendation is required)

|  |
| --- |
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|  |

I do not support the application (a detailed explanation is needed)

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| --- |
|  |
|  |

**With regard to the student's application for approval of other paid occupations than the scholarship:**

To the best of my knowledge of the student, approval of paidoccupations will not harm the research and the progress of studies

|  |
| --- |
|  |
|  |

I do not recommend approving the student's application for paidoccupations for  
the following reasons:  
(various reasons that naturally may be known to the supervisor/ PhD Committee and the Graduate Studies Authority is not aware of)

|  |
| --- |
|  |
|  |

Supervisor's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval by Chairperson of the PhD Committee\***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Scholarship**

I support the application (A detailed letter of recommendation is required)

I do not support the application (Please provide a detailed explanation)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. With regard to the student's application for approval of other paid occupations than the scholarship:**

To the best of my knowledge of the student, approval of paid occupations will not harm the research and the progress of studies

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do not recommend approving the student application for paid occupations for the following reasons: (various reasons that naturally may be known to the supervisor/ PhD Committee and the Graduate Studies Authority is not aware of)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Chair of the PhD Committee) Date

**Approval by Department Head\***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I support the application (Please attach a detailed letter of recommendation)

I do not support the application for the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Department Head Date

**Approval by Dean of Faculty\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Dean of Faculty\*\* Date

(\*) This page is not intended for students studying under the University Committee for Research Students.  
(\*\*) The Dean should attach the entire applications of the faculty candidates together with the accompanying form ranking the candidates

**Graduate Studies Scholar Declaration for 2022-2023**

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ undertakes and declares that if my scholarship will be approved:

1. I will devote all my time to my study and research.
2. I will prepare a progress report as required and will submit the PhD research proposal for evaluation of the PhD Departmental Committee/ University Committee for Research Students, no later than the set due date. I will complete my hearing duties, if applicable. I am aware that should I not fulfill the term of the PhD research proposal submission date, the Dean of Graduate Studies is permitted to annul the scholarship payment.
3. I will proceed with the research plan without any interruption, and I will fulfill all required research assignments. (PhD student who takes a leave of Sabbatical/ unpaid leave for an academic year from his regular job, will provide a certification that he arranged his leave for the entire scholarship term).
4. I will not work for financial remuneration, except for employment in teaching and research assistance and provided that this employment has been given the approval of my PhD supervisor and the Department Head/ Head of PhD Committee and a special permission from the Dean of Graduate Studies for the following:
5. A teaching or research position outside the University- up to 25% position
6. A teaching or research position inside the University (through standard academic/ administrative position or a customized contract which allows for partial position and a corresponding month salary) – up to 25% position.
7. I am aware that according to the regulations, the Dean of Graduate Studies is authorized to revoke the scholarship at any point, in the event that I do not meet the academic requirements or discontinue my studies in the University (whether by my own volition or the University’s). Moreover, the scholarship will be canceled by the Dean, if it turns out that its awarding was based on false information. Additionally, the scholarship may be cancelled, at the discretion of the Dean, if it is found that I committed a disciplinary offense according to the University disciplinary authorities. In case of cancellation of the scholarship, I will be required to reimburse the amounts awarded on account of the scholarship at the rates and times which the University will prescribe. The scholarship may be cancelled without notice.
8. I am aware income tax ordinance stipulates that scholarships awarded to students to finance tuition or subsistence during the time of studies in a study and research  
    institution are exempt from tax, as long as the scholarship was not given in exchange of any compensation on the part of the student. In this regard, the term scholarship includes grants, prizes, or exemptions from payment. Scholarships that do not conform with the terms of the income tax ordinance, for example, a scholarship that was not awarded during the time the student's studies as defined in the ordinance, or that was awarded in exchange of a compensation on the part of the student, are not entitled to tax exemption. Therefore, I may be required to pay tax, at my expense, for the scholarship I am awarded. I give my consent in advance that tax payment will be made by way of withholding or otherwise.
9. I am aware that the University reserves its right to perform periodical statistic examinations regarding my various occupations income.
10. I am aware that the University has the right to check and validate my declarations and the accompanied certifications given by different institutions, authorities and bodies. I empower the University to perform the actions as above.
11. I am aware that this institutional excellence scholarship will be cancelled, in the event that I will be granted a scholarship from the Planning and Budgeting Committee.
12. I am aware that my entitlement to this scholarship is stipulated on my staying in Israel and scholarship payments will be transferred to my bank account in Israel.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Student no./I.D: Date