

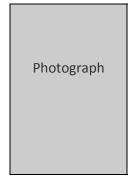
## MINISTRY OF EDUCATION

LIFELONG LEARNING AND RELIGIOUS AFFAIRS

STATE SCHOLARSHIPS FOUNDATION (I.K.Y.) **DIRECTORATE OF SPECIAL PROGRAMMES** FOR INTERNATIONAL SCHOLARSHIPS UNIT FOR FOREIGNERS

Address: Makri 1 & D. Areopagitou, 117 42 Athens, Greece Website: http://www.iky.gr Tel.: 210 3726325, 210 3726331

Fax: 210 3312759



## **APPLICATION FOR A SCHOLARSHIP ACADEMIC YEAR 2010 – 2011**

(YOU ARE KINDLY REQUESTED TO CONSULT THE RELEVANT ANNOUNCEMENT 2010-2011 (www.iky.gr) PRIOR TO YOUR COMPLETING THIS APPLICATION FORM AND TO KEEP A COPY)

## PROPOSED STUDIES

- KOT 6025 5165125					
Postgraduate studies	Non-degree programmes				
1) <u>Second</u> Master's	1) Postdoctoral Research				
2) Doctorate (Ph.D.)	2) Further Education in Greek Studies offered to Teachers of Greek at foreign Universities				
	<ol> <li>Attendance of seminars for a Specialization in the Fine Arts</li> </ol>				
	<ol> <li>Collection of Research Data (for applicants who are conducting Ph.D. studies <u>in their country</u>)</li> </ol>				
(You are kindly requested to choose <u>only one category</u> of studies and answer at each question as clearly and fully as possible. If you need more space for your reply, please continue on a separate sheet and attach it to this form).  Please use the Latin alphabet and complete in BLOCK CAPITALS with ink or typescript.					
1. Family name:					
2. First name(s) (in full):					
3. Date of birth:	Country of birth:				
4. Nationality:	(I hereby declare that I do not have dua	al nationality)			
5. Name(s) of Higher Educational Institution(s) attended (please mention the city and the country):					
6. Degrees obtained (qualifica	tion and grade):				
3. Total duration of studies:					

9.	Field of studies of your intended postgraduate programme in Greece (please state the specific field e.g. historitheology etc.):			
	Please state the names and addresses of at least two academic referees (with full details):			
b)				
11.	Have you already established a contact with a Greek University/Professor in order for your work to be supervised?  (If yes, please state the name of the Professor, University etc.):			
	Proficiency in Greek and / or other language(s). Please provide details of any language qualifications (specifying the language(s), the level (excellent-good-fair) and dates you hold or expect to hold by:			
	Present employment:			
15.	category of the scholarship:			
16.	Please state whether you have applied or are planning to apply for a scholarship, for the same academic year to any other organization, government or educational institution:			
	(If you have applied elsewhere for a scholarship and have been successful, you will have to choose between I.K.Y. or other awarding body).			
17.	Passport number: Date of issue:			
18.	Identity card/document number:			
19.	Father's name:			
20.	Sex: Male Female			
21.	Marital Status:			

22	. Home address in country of permanent residence:		
23	. Telephone (+land line):		
24	. Telephone (mobile):		
	Fax: Email address:		
<u>At</u>	tached herewith are:		
1.	A curriculum vitae.		
2.	Certified copies of the degrees obtained and transcripts of previous University studies.		
3.	A formal letter indicating the very good knowledge -both written and verbal- of English or French (in case of non native speakers).		
4.	academic staff.  A postgraduate studies prospectus of the University where I have completed my studies.  A research proposal with the topic (for doctoral and postdoctoral applicants).		
5.			
8.			
			at a Greek University), certifying my doctoral status.  A formal letter from a foreign University Department (for those conducting a Ph.D. in their
	country), certifying that I am enrolled for a doctoral degree and the topic of my doctoral		
	dissertation.		
	9.	A recent state hospital certificate certifying that I am not suffering from any infectious disease.	
	10	. A certified copy of my passport.	
<u>DE</u>	CLARATION BY THE STUDENT		
l, t	he undersigned,		
Hi	gher Education graduate, herewith apply for a scholarship for one of the above mentioned cate	egories o	
stı	udies at a Greek University Faculty and hereby declare that all the details listed above are true ar	nd comply	
wi	th the terms of the relevant announcement. I understand that the submission of false or n	nisleading	
inf	formation may by sufficient cause for the refusal, withdrawal or termination of the scholarship.		
••••	Signature of applicant Date		