|  |  |
| --- | --- |
| **First Name**  **Click here to enter text.** | **Last Name**  **Click here to enter text.** |
| **Program you are applying to**: Choose an item. |  |
| **Country:** |  |

**NOTE: Scholarships granted by the International School do not cover all the costs of participating in the 12-month international MSc programs. The student is responsible for funding the application and enrollment fees, round-trip airfare and initial living costs. This scholarship application must show availability of these funds.**

**Instructions:**

* All sections of the form must be completed. Where not applicable, type N/A.

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Date of birth DD/MM/YYYY: | **Click here to enter text.** |
| Gender: | **Choose an item.** |
| Marital Status: | **Choose an item.** |
| Number of children financially dependent on me: | **Click here to enter text.** |
| Dependents other than those listed above: | **Click here to enter text.** |
| Total number of people financially dependent on me: | **Click here to enter text.** |

**ANNUAL INCOME**

|  |  |
| --- | --- |
| Main income | Place of employment: Click here to enter text. |
| Profession: Click here to enter text. |
| Annual income (in US dollars): Click here to enter text. |
| Secondary income | Sources: Click here to enter text. |
| Annual income from these sources (in US dollars): Click here to enter text. |
| Main income of your immediate family (spouse/parent) | Sources: Click here to enter text. |
| Annual income from these sources (in US dollars): Click here to enter text. |
| Employer income during study | Enter the monthly amount you will receive during a leave of absence: |

**PERSONAL ASSETS AND DEBTS**

|  |  |  |
| --- | --- | --- |
| ASSETS (such as bank savings, land, home), if any | Asset A | Type: Click here to enter text. |
|  | Current value (in US dollars): Click here to enter text. |
|  | Asset B | Type: Click here to enter text. |
|  |  | Current value (in US dollars): Click here to enter text. |
| DEBTS, if any | | Amount (in US dollars): Click here to enter text. |

**SUPPLEMENTARY FUNDING**

**Please detail how you will provide funding for costs not covered by the scholarship, whether your own funds, family support, bank loans, other scholarships or grants, organizations, your work, or other persons who will provide you with financial assistance.**

|  |  |
| --- | --- |
| **Source of funding** | **Amount in US Dollars** |
| 1. Click here to enter text. | Click here to enter text. |
| 2. Click here to enter text. | Click here to enter text. |
| 3. Click here to enter text. | Click here to enter text. |
| 4. Click here to enter text. | Click here to enter text. |
| 5. Click here to enter text. | Click here to enter text. |

**DECLARATION**

I, the undersigned, certify that all information supplied in this application is complete and correct. I understand and agree that the Hebrew University reserves the right to take any necessary measures in connection with candidates who submit partial, incorrect and/or false information. I waive my right to privacy regarding all academic documentation relevant to processing this application.

**Name**: Click here to enter text.

**Date**: Click here to enter a date.