

HELLENIC REPUBLIC MINISTRY FOR EDUCATION, RESEARCH & RELIGIOUS AFFAIRS

STATE SCHOLARSHIPS FOUNDATION (I.K.Y.) DIRECTORATE FOR SPECIAL PROGRAMMES, INTERNATIONAL SCHOLARSHIPS UNIT FOR FOREIGNERS AND CULTURAL EXCHANGES Address: 41, Ethnikis Antistasseos Avenue, GR – 14234, Nea Ionia, Athens Tel.:+30 210 3726331 Fax:+30 210 3312759, 210 3221863 E-mail: foreigners@iky.gr Website: https://www.iky.gr Please attach/insert a recent photograph here

APPLICATION FOR A SCHOLARSHIP

STUDY OF THE GREEK LANGUAGE AND CULTURE IN GREECE (25th PROGRAMME, ACADEMIC YEAR 2018-2019)

You are kindly requested to read the applicable announcement 2018-2019 (www.iky.gr) prior to your completing this application form.

Please note that you have to send this application form along with your curriculum vitae via our email: foreigners@iky.gr by <u>11/11/2018</u>. All completed applications and documentation required in hard copy, shall be sent to I.K.Y. by <u>19/11/2018</u> (with a postal seal by this date).

Please use the Latin alphabet and complete in BLOCK CAPITALS (in Greek or English) using ink or typescript. Only complete documentation will be processed. If you need more space for your reply, please continue on a separate sheet and attach it to this form.

PERSONAL DETAILS

1. Family name:						
 First name(s) (in full): (Please write your names exactly as they appear on your passport / identity card) 						
3. Date of birth: 4. Place of birth:						
5. a. Nationality:b. Ethnic origin:b. I hereby declare that I do not have foreign and Greek (dual) Nationality						
Are you a non-Greek National of Greek ethnic origin? Yes No						
EDUCATION						
6. Degrees obtained (graduate/postgraduate) – Higher Education Institutions attended (please state the city and country):						
a						
b						
7. Class of degrees – Grade (Honours, Pass, etc.) (If any):						

8. Date(s) of award:					
LANGUAGES					
9. Mother tongue:					
10. Competency in Modern Greek language: basic moderate good fluent					
11. Other language(s) – qualifications / level (excellent-good-fair):					
PROFESSIONAL EXPERIENCE					
12. Are you employed: Yes No					
13. Current employment / position:					
14. Previous employment / experience:					
15. Do you currently live in Greece or have you already lived in Greece in the past? Please state the period spent in Greece and for what purpose:					
16. Please list any scholarships supported by the I.K.Y. or other awarding authority (Greek or not) you have applied for by indicating: a) the name of the awarding authority-institution b) the type and the duration of the scholarship c) the academic year:					

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18.	Describe any potential benefits to your country of origin or your career that will result from the scholarship:				
19.	. Please state the r	easons for which you	u declare your participation in this sp	ecific programme	
	related with your information about Greece:				
20.	. Please state any s	serious medical prob	lem or illness you are suffering from	and enclose any	
	relevant medical of	certificate (translated	d in English ,French or Greek langue	nge and certified	
	accordingly - wher	re applicable):			
21.	. a. Passport/Nation	al Identity card/docur	nent number:		
	b. Date of issue:		c. Issuing Authority:		
22.	. Father's name:				
23.	. Gender:	female	male		
24.	. Marital status:				
25.	. Permanent full ho	me address (street an	d number/Area/City/Postal Code/Count	ry):	

26. Emergency Contact Information (Name/Telephone/E-mail):

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Check list:

- 1. A recent photograph
- 2. An up-to-date curriculum vitae
- 3. A recent (*issued 1 month approximately prior to the application submission*) health certificate by a state hospital or by the relevant recognized health authority indicating that: *"I do not suffer from any infectious diseases or disabilities that can endanger public health or security"* (in accordance with the Regulations of the World Health Organisation)
- 4. Certified* copies of my University Degree(s) Diploma(s)
- 5. Official certificates indicating the proficiency in Greek, English or French
- 6. A written evidence of previous or current employment as a teacher of Greek (*if applicable*)
- 7. Reference of two (2) academics
- 8. A certified copy of my passport/national identity card

*<u>Note</u>: If documentation is not in Greek, English or French, a certified translation (by the Greek Diplomatic Authorities) must be supplied. In addition, documents numbered 3, 4, 5 and 8 of the Call for Applicants should bear the Apostille or be certified by the Greek Diplomatic Authorities (Embassy or Consulate) in cases where the candidate's state of origin is not a member of the Hague Convention (Apostille) of 5 October

1961 abolishing the requirement of legalisation for foreign public documents.

DECLARATION BY THE APPLICANT

Signature of applicant

Date

Only complete documentation will be processed. Any omission shall lead to the cancellation of application form. See the applicable Award Announcement and consult it throughout your study.