

1ST FOREIGNERS' FELLOWSHIPS PROGRAMME

CATEGORY II

**Application Form
for Onassis Post-graduate Research Scholarships
Post-graduate students & Ph.D. candidates**

(For office use):

Section: **Academic year:** October 1, 2012 - September 30, 2013
 Field: **Duration of Scholarship:** twelve [12] months **Limit age:** 30 years old
 S.M.: **Deadline for submission of candidatures:** February 29, 2012

SECTION I: PERSONAL DATA

01. Family Name (surname):		(as written on your passport)
02. First Name(s):		<i>Please attach a recent photo here</i>
03. Current Academic Status:		
04. Level of research to be covered by the scholarship: Master's <input type="radio"/> Ph.D. <input type="radio"/>		
05. University-Faculty-Department / Institution:		
06. Country and place of birth:		07. Nationality:
08. Date of birth: ____/____/____	09. Age:	10. Sex (Male/Female):
11. Present citizenship:		12. Passport number:
13. Country of residence:		14. Marital status:
		15. No. of children (if any):
16. Office Address:		
17. City:		18. Postal code:
		19. Country:
120. Office Telephone (+country & area code):		21. e-mail:
22. Fax number (+country & area code):		Mobile:
23. Home address:		
24. City:		25. Postal Code:
		26. Country:
27. Home telephone (+country & area code):		28. e-mail:
29. Please indicate which address should be used for future correspondence:		Home <input type="radio"/> Office <input type="radio"/>

All answers should be written in CLEAR, CAPITAL letters either in Greek, English or French

30. Father's full name:

32. Mother's full name:

34. Spouse's full name:

36. Have you ever visited Greece? (Yes/No):

From:

To:

31. Father's occupation:

33. Mother's occupation:

35. Spouse's occupation:

If so, when?

For what purpose?

37. Persons to be notified in case of emergency (list below name, address, phones and relationship):

In Greece:

In your country:

SECTION II: STUDY PLANS

38. Please state the title of your Thesis (Master's) or Doctoral (Ph.D.) Dissertation together with a brief summary of the subject explaining the reasons for your application: (Please use extra sheet, if necessary)

Title:

Department/Institution:

Summary & reasons for application:

39. Proposed DURATION OF STUDIES in Greece:

From: ____/ ____/ ____ (not before Oct. 1st) To: ____/ ____/ ____ Months in total: ____ [12]

40. RESEARCH: Please describe any research project or other activity you have completed or in which you are currently involved:

41. If you have already applied to any educational Institutions in Greece for admission, please list names & results:

42. Fill in the name(s) of the University or educational Institution(s) you intend to cooperate with in Greece as well as the name(s) of the Professor(s) and explain your choice:

University / Institution(s):

Professor(s):

Reason of choice:

43. If you have studied at any other University / Institution in Greece, please indicate:

University / Institution:

Years:

Final Grade: Degree,

Diploma:

44. Write a complete and detailed description of your further **study plans**:

50. List professional societies, fraternities, artistic or athletic clubs or other organisations of which you are a member:

51. FUTURE CAREER PLANS: Describe the career you wish to pursue after completion of your studies:

SECTION III: FINANCIAL INFORMATION

52. Please state your present source of income:

53. List scholarships or fellowships held at present as well as those awarded to you in the past (indicate source or sponsor amount, duration [month & year], purpose):

SOURCE / SPONSOR	AMOUNT	DURATION (month, year)	PURPOSE

54. Do you carry any Health Insurance?

55. Do you need any help in obtaining visa (if a visa is required)?

56. Please indicate whether you have applied or are planning to apply for the same academic year for a fellowship, scholarship, assistantship or other educational grant to any other organization, government or educational Institution in any country. (This information will not prejudice the Foundation's decision on your application).

57. Please make sure that you have included all the documents required (see attached list of requirements, p. 6).

I hereby certify that all information included in this application form is true and that I will submit to the Foundation all relevant supporting documents, if required.

DATE: ____/ ____/ ____

SIGNATURE OF APPLICANT

Application Form

ADDITIONAL REQUIREMENTS

(please check each box after including the corresponding item in your file)

1. From three (3) to four (4) original recommendation letters in either Greek, English or French, from your Supervising Professor(s) from the Institution where you are currently pursuing your postgraduate studies or doctoral dissertation, justifying your research in Greece, which should be **addressed to the Alexander S. Onassis Public Benefit Foundation, Foreigners' Fellowships Programme** and from qualified persons in Greece. O
In case you have no contact with any persons in Greece, you may send from three (3) to four (4) recommendation letters (in total) from University Professors or qualified persons outside Greece
2. A detailed Curriculum Vitae O
3. Official copies of all University diplomas, translated in either Greek, English or French, **legalised by Public Authority** O
4. Official transcript or university record showing grades obtained in each course for all years of study O
5. A certificate from the University where the applicant is currently enrolled, attesting that a) the applicant is enrolled for postgraduate studies/doctoral diploma, and b) the title of the thesis/dissertation O
6. A certificate attesting adequate knowledge of the Greek language (unless the research can be conducted in English). O

NOTES

1. **DEADLINE:** The application form should be accompanied by ALL supporting documents and should be post-marked no later than February 29, 2012. The recommendation letters only can be sent to the Foundation directly by the referees.
2. The working languages of the Foundation are Greek, English and French. Please note that any document written in any other language should be translated into one of the above languages and **legalised by Public Authority**, otherwise it will not be accepted. Applicants are kindly requested to submit all copies on A4 paper size [297X210mm].
3. The application form should be accompanied by all the documents considered useful for its evaluation (e.g. diplomas, honorary distinctions, articles, audiovisual material, samples of artistic work etc.).
4. In case you use extra sheet(s), kindly indicate the number of the field in the application form you refer to.
5. Please do not use a stapler for your documents.
6. The Foundation only covers your own expenses. If dependents accompany you, you will be responsible for providing full support to them.
7. The Foundation reserves the right to interrupt the scholarship in case the recipient's stay in Greece becomes problematic by his/her own responsibility.
8. Please note that all applicants are allowed to apply for only **one** category of the Programme (I or II).
9. All applicants are kindly requested to send their applications **directly** to the Foundation and **not** through public or private organizations.
10. The application form should be either sent online or by registered mail to the Foundations offices or handed in to the Foundations Secretariat, at the following address:

FOREIGNERS' FELLOWSHIPS PROGRAMME

7, Aeschinou Street
105 58 Athens
GREECE

Please note that application forms sent by fax or e-mail **will not be** accepted

