

APPLICATION FORM -

Scholarship Program in PORTUGAL in Cooperation with the High Commissioner for Migrants (ACM) 2019-2020 ACADEMIC YEAR

ALL EICATION TELLINO.	APPLICATION	ref. No.	
-----------------------	--------------------	----------	--

DEADLINE FOR SUBMISSION: 26 APRIL 2019 (7 pm, Lisbon time)

Instructions: Parts I, II, III and IV of the application should be completed **by the candidate** in <u>capital letters</u>. When there are several options, please kindly choose <u>only</u> one unless you are asked to provide a series of preferences.

Please return this form filled in and the requested documents to aureliamartins@casadoregalo.pt

PART I - GENERAL

- 1. APPLICATION FORM FOR PORTUGAL
- 2. Personal DATA

3. Family Name	First Name	Other Name

(Please join to your application copy of your passport, residence card or any other ID card or document)

DATE of BIRTH_____(Day)_____(Month)_____(Year) PLACE OF BIRTH: (Country) (Town or village). 5. Male_____or Female _____ 6. Nationality or country of Origin: 7. Marital Status (single, married, divorced, widowed) 8. Religion_____(optional) 9. Disability /Special needs: Please indicate whether you have a disability or special needs or if you have any health problem: 10. Date of entry in present country of asylum/refugee/stay (if applicable):

4. Age, Date and Place of Birth

COUNTRY:PORTUGAL

DATE:_____(Day)_____(Month)____(Year)

11. Your legal status in Portugal:
12. Current address:
COUNTRY:
TOWN:
ADDRESS:
HOUSE PHONE:
CELL PHONE:
E-mail address:
13. Are you hosted by any specific organization in Portugal?
(Yes or No)
Name of the organization:
Name of the person who deals with you within the organization mentioned
above:
Company of how/him.
Contacts of her/him: Cellphone:
Email address:

COUNTRY	Fr	om (Day, M	onth, Year):	To (Day, Month, Year)
15. Name	e of applicant's Fa	ther/Mothe	er:	1
-	ndents : please pr en and/or other d		es and addresse	es of spouse, husband,
Name	Relationship	Age	Place of bir	th Country (presen
Name	Relationship	Age	Place of bir	7 (1
Name	Relationship	Age	Place of bir	7 (1
Name	Relationship	Age	Place of bir	7 (1

14. Other Countries in which applicant has resided since she/he left his/her

	•		hat arrangements working dust a second to the second to th	-
PART II – PRE	VIOUS EDU	CATION		
documentation, no item 23 where exa	otably transcrip aminations wer y existing acad	ot of mark re taken, n demic refe	s. If not available, pame of examining brences you may ha	ficates and/or other please indicate under coard, grade obtained ave. You can add any
•		-	le name, location, p c distinctions obtain	
Name, City, Country	From	То	Main course of study	Degree obtained

19.	Schools and other formal training or education: please provide details of
	primary, junior and senior secondary school, technical school or
	apprenticeships

Name, City, Country, Type	From	То	Course of study	Degree obtained

20. Languages: please rate as E=Excellent; G= Good, and F=Fair

Mother tongue	Read	Write	Speak	
Other Languages:				Do you have any recognized certificate of proficiency? Please specify.
PORTUGUESE				
ENGLISH				

	=	oyment experience: please list all professional experience, a the most recent:
From	То	Details
		experience – work with community, international non formal eriences etc
From	То	Details
	ase attach t cumentation	o your form a copy of relevant certificates and/or other n.
	-	available, please attach any additional information you feel application and indicate:
a.)	Where did y	you take your examinations?

b.) Date:
c.) Name of the examining board?
d.) Grade obtained:
e.) Names and titles of academic references:
1
f.) Any other relevant information:
PART III – PLANNED EDUCATION
24. A). Proposed field of study: please provide a detailed and precise description of subjects to be studied -:
B) Please justify your choice

25.	Level of degree studying for (eg BA, MA etc)
26.	Length of time required to complete program of study:
27	Proposed country of study: PORTUGAL
_,.	Troposed country of study. For Todal
28.	a). Has the applicant received a scholarship previously?
	(Yes or No)
	b). If so, please provide details
29.	Has the applicant taken steps to obtain a scholarship through another channel?
a).	(Yes or No)
b). l	If so, please provide details
	Has the applicant requested admission to a Higher Education Institution?(Yes or No)
b).	If so, please indicate the name and the country

a)(Yes or No)	
b). If so, please indicate name and country	
32. If you are admitted, would you think it will be important to hopportunity to attend a training course on intercultural dialogue understanding, peace building and reconciliation?	
a)(Yes or No)	
b). If so, please give three good reasons for your choice	
33. If you are admitted, would you be ready to make a commactively participating in such a course?	itment

PART IV - FINANCING NEEDS

34. Type of assistance requested: please itemize (ie school fees, maintenance, books)

ITEM	
	YES or NO
Tuition fees/year	
Accommodation/month	
Meals/month	
Study-related allowance/month	
Travel	
TOTAL estimated cost in local currency	
35. a). Contribution from other (please provide accurate information)	funding sources towards the above cost:
SOURCE	AMOUNT

37.Please join a motivation letter to this application
I certify that my statements in response to the foregoing questions are true, complete and accurate to the best of my knowledge and belief and I understand that false information given in this application will affect my chances of selection and continued scholarship.
Place and date
Signature of applicant
Good luck!

PART V- OTHER POINTS (to be completed by Global Platform and other partners) DO NOT WRITE ANYTHING BELOW

38 ACADEMIC ISSUES

a)	Preliminary assessment:			
b)	Academic profile:			
c)	Host University/Higher School assessment:			
20 15	GAL AND REFUGEE-RELATED ISSUES			
a) If the applicant has not been granted refugee status in the country of current residence, please explain:				
b). Travel documents and/or identity documents (type, number, place and date of issuance, issued by and valid until):				
c). Car	ndidate as applied for resettlement:(Yes/No)			

a)	Amount requested :			
b)	Assessment:			<u> </u>
41. Otl	her remarks:			
42.				
UNIV	/ERSITY			
APPL	ICANT SHORT-LISTED	YES/NO		
COUF	RSE ENROLMENT CONFIRMED			
FINA	L DECISION	REJECT	ACCEPT	
AMO	UNT GRANTED			
NOTE	ES:			
	and date:			
Name				
Signat	ure:			

40. FINANCIAL ISSUES: