

### I 9th FOREIGNERS' FELLOWSHIPS PROGRAMME

# CATEGORY C

**Application Form** 

for Onassis Post-graduate Research Scholarships

Post-graduate students & Ph.D. candidates

	Academic year: October 1, 2013 -	September 30,2014	
Field:	Duration of Scholarship: up to ten [	[10] months Limit age: 40 year	rs old
S.M.:	Deadline for submission of candida	ntures: January 31, 2013	
SECTION I: PERSONAL DATA			
<b>01.</b> Family Name (surname):		(a	s written on your passport)
<b>02.</b> First Name(s):			
<b>03.</b> Current Academic Status:			Please attach a
<b>04.</b> Level of research to be covered	recent photo here		
05. University-Faculty-Department	/ Institution:		
<b>06.</b> Country and place of birth:		<b>07.</b> Nationality:	
<b>08.</b> Date of birth://	<b>09.</b> Age:	10. Sex (Male/Fema	ale):
11. Present citizenship:		12. Passport number:	
13. Country of residence:	14. Marital status:	<b>15.</b> No. of children	(if any):
16. Office Address:			
17. City:	18. Postal code:	<b>19.</b> Country:	
120. Office Telephone (+country &	area code):	<b>21.</b> e-mail:	
22. Fax number (+country & area	code):	Mobile:	
<b>23.</b> Home address:			
<b>24.</b> City:	25. Postal Code:	<b>26.</b> Country:	
27. Home telephone (+country &	area code):	<b>28.</b> e-mail:	
<b>29.</b> Please indicate which address	should be used for future correspor	ndence:	Home <b>O</b> Office <b>O</b>

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



<b>30.</b> Father's full name:		<b>31.</b> Father's o	occupation:	
<b>32.</b> Mother's full name:		<b>33.</b> Mother's	occupation:	
34. Spouse's full name:		<b>35.</b> Spouse's	occupation:	
<b>36.</b> Have you ever visited Greece?	(Yes/No):	If so, when?		
From: To:		For what purpose?		
<b>37.</b> Have you applied for an Onassis	Foundation Fellowship before	e? No O Yes O	If yes, please indicate:	
i) how many times you have appli	ed:			
ii) the academic year(s):				
iii) the category of the fellowship:				
38. Persons to be notified in case of emergency (list below name, address, phones and relationship):				
In Greece:			In your country:	

### SECTION II: STUDY PLANS

**39.** 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:

40. Proposed DURATION OF STUDIES in Greece:
From:// (not before Oct. 1st) To:/ Months in total:[up to 10]
NOTE: The grant does <i>NOT</i> cover the period of August .
<b>41.</b> RESEARCH: Please describe any research project or other activity you have completed or in which you are currently involved:
42. If you have already applied to any educational Institutions in Greece for admission, please list names & results:
<b>43.</b> 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:
44. If you have studied at any other University / Institution in Greece, please indicate:
University / Institution:
Years:
Final Grade:
Degree, Diploma:
45. Write a complete and detailed description of your further study plans:

**46.** EDUCATION: List educational Institutions attended and/or still attending (chronologically: major field of studies, degree obtained, final grade and date received or expected). Please provide **of ficial copies** (A4 paper size: 297X210mm) of all listed certificates and diplomas. <u>Originals will not be returned</u>.

INSTITUTION (name & country)	YEARS	FINAL GRADE	DEGREE / DIPLOMA

**<sup>47.</sup>** LANGUAGES: (Rate yourself: **Excellent, Good, Fair, Poor**). Indicate mother tongue and your knowledge of Modern or Ancient Greek (if any):

LANGUAGE	READING	WRITING	SPEAKING	DIPLOMAS
48. Indicate Academic Honours or Distinctions you have received (if any):				
49. List of publications, if any. Copies of them could be useful for the final decision.				

**50.** PROFESSIONAL EXPERIENCE: List positions held (begin with the most recent position, name and address of employer, type of work, dates):

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

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

#### SECTION III: FINANCIAL INFORMATION

**53.** Please state your present source of income:

**54.** 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	
<b>55.</b> Do you carry any Health Insurance?				

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

**57.** 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).

58. 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

## CATEGORY C

### **Application Form**

#### ADDITIONAL REQUIREMENTS

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

<b>1.</b> a) Two [2] 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	0
b) Two [2] original recommendation letters in either Greek, English or French, from qualified persons in Greece, which	
should be addressed to the Alexander S. Onassis Public Benefit Foundation, Foreigners' Fellowships Programme	Ο
In case you have no contact with any persons in Greece, you may send four [4] recommendation letters (in total) from University Professors or qualified persons outside Greece	
2. A detailed Curriculum Vitae	0
<b>3.</b> Official copies of all University diplomas, translated in either Greek, English or French, <b>legalised by Public</b> <b>Authority</b>	0
4. Official transcript or university record showing grades obtained in each course for all years of study	0
<b>5.</b> 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	0
<b>6.</b> A certificate attesting adequate knowledge of the Greek language (unless the research can be conducted in English).	
	0

#### NOTES

- 1. **DEADLINE:** The application form should be accompanied by ALL supporting documents and should be post-marked no later than January 31, 2013. 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 (A or C).
- 9. Former fellows can apply again for a grant or scholarship only if five years have elapsed since their previous grant.
- **10.** All applicants are kindly requested to send their applications **directly** to the Foundation and **not** through public or private organizations.
- 11. 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:

ARIONA HELLAS S.A. Representing the Onassis Foundation in Greece 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