HELLENIC REPUBLIC MINISTRY OF FOREIGN AFFAIRS E1 DIRECTORATE OF EDUCATIONAL AND CULTURAL AFFAIRS

SCHOLARSHIP PROGRAM - ACADEMIC YEAR 2017/18 APPLICATION FOR A SCHOLARSHIP FOR POSTGRADUATE STUDIES IN GREECE

(You are kindly requested to answer each question as clearly and fully as possible in Latin and capital letters. If you need more space for your reply, please continue on a separate sheet and attach it to this form).

The undersigned,	a Higher
Education graduate, herewith applies for postgraduate studies /	P.H.D. at a
Greek University to which I have been accepted.	
PERSONAL DATA	
1. Mr. Ms.	
2. Surname	
3. First name(s)	
4. Father's name	
5. Mother's name	
6. Place of birth	
7. Date of birth	
8. Citizenship	
9. Ethnic background (Greek and/or other: please specify:)	
10.Marital Status: Single Married	
11. Name and age of dependents	
12. Current occupation.	
13. Address (please write out the postal address of you	ı permanen
residence)	
14. Telephone number(s)	
(e-mail)FAX	
STUDIES	
Educational Institution of graduation	
Place (country, town).	
Degree in	

Postgraduate

	H.D,) at which you have been accepted.
What will your plans be after you hav	
Other information	
Institution or Organization, in Greece	rom the Greek Government or any other or abroad? Please, specify.
- Did you obtain a scholarship from Greek entity in the past? Please, specific	m the Greek Government or any other fy:
·	her scholarship, in Greece or abroad? If
husband or wife) held any Greek scho	nediate family (parent, brother or sister, larship, now or in the past?
I hereby confirm that I have rea and I agree to be bound by them.	ad the scholarship terms and conditions
(place)	(date)
(applica	ant's signature)

YOU ARE KINDLY REQUESTED TO KEEP A COPY