

Application form for fellowship for new MA students
For the school year _____

A. Personal Information:

ID. (9 digits) Last name First name Birth date

Address & zip code (mandatory) Phone (home) Phone (work)

Mobile phone bank (or bank number) branch code account number

Email

B. Education Details:

1. Undergraduate studies (please include a study record including grade average):

University Faculty Final Grade Year of receiving degree

2. I was accepted as a graduate student in the
department _____

3. Advisor / s _____

C. Employment Details (please specify only jobs outside the university):

During the years of graduate studies I will work. **Yes / No / Unknown.**

If yes, please specify:

Name of Workplace address Phone Role

Date of Starting Work Number of Weekly Hours Gross Salary

- Any work, permanent or temporary, including private tutoring, etc. should be noted.
- Please attach 3 recent salary slips.

D. Income from other sources:

1. During the years of graduate studies, I will receive a scholarship, loan or grant from Tel Aviv University, from the Ministry of Defense or from other sources.

Yes / No

If yes, please specify: _____

Additional studies:

During my graduate studies in the Faculty of Medicine, I will study in an additional study program. **Yes / No**

If yes, please specify: _____

E. Student Declaration:

- I hereby declare that the details I provided above are correct, accurate and complete.
- I undertake to inform of any change in these details to the scholarship committee of the Faculty of Medicine.
- I am aware that the submission of incorrect or inaccurate details, or lack of update, during the receipt of the scholarship, is a criminal offense, which can serve as grounds for canceling the scholarship and disciplinary proceedings.
- I agree that information from the form I filled will be delivered to institutions and / or individuals who are able to grant a scholarship to students.
- I am empowering the Tel Aviv University to check as it sees fit the details I provided on this form.

General eligibility for scholarships:

1. A living stipend will not be given to a person whose income exceeds 4,000 NIS gross. Permission to work outside the University is conditional upon the agreement of the student's counselor.
2. A living stipend will not be awarded to a person studying in an additional study program, for his / her graduate studies at the Faculty of Medicine.
3. Scholarship is granted for a period of two years. It is conditioned upon the fulfillment of academic commitments, as will be examined at the beginning of the second year of studies.
4. Supplementary payments must be paid at the beginning of each school year. Without this fee, you can not register courses.

Date: _____ Student Signature: _____

F. A commitment to participate in the scholarship payment

I hereby recommend to award _____ a living stipend and **undertake to participate** in financing a _____percentage of the scholarship. Budget item for billing_____.

You must attach one of the following three forms to the application:

1. Research Authority Form
2. Request for funding a scholarship from section 39
3. Request for funding a scholarship from the Institute for Research in a Hospital

The forms can be downloaded at: <https://med.tau.ac.il/scholarship-forms>

It is important to note that without the above forms, the scholarship application will not be considered by the committee.

I hereby declare that the student will undertake the research for a master's degree under my guidance. In addition, 75% of the research will be carried out in my lab / department _____

Date

Advisor's signature