

Application form for fellowship for new PhD 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. Research student in the department of \_\_\_\_\_  
Supervisor \_\_\_\_\_

2. Graduate studies (Please attach study record including grade average):

\_\_\_\_\_  
University      Department      Final Grade      Thesis Grade      Courses' Grade

\_\_\_\_\_  
Year of receiving degree      Name of Supervisor      Subject of Thesis

3. Undergraduate studies:

\_\_\_\_\_  
University      Faculty      Final Grade      Year of receiving degree

**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. 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:\_\_\_\_\_

**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:**

**A. A grade average of at least 90 is required for the master's degree and at least 90 for the thesis.**

**B. In the direct PhD track, at least 18 semester hours are required with a minimum grade of 90, and an approval of the master's thesis proposal.**

**C. Receiving of a scholarship is dependent on the supervisor's commitment to participate in the scholarship funding.**

**D. Scholarship 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 supervisor.**

**E. Scholarship will not be awarded to a person studying in an additional study program, for his / her PhD studies at the Faculty of Medicine.**

**F. Scholarship is granted for a period of 4 years. It is conditioned upon the fulfillment of academic commitments, as will be examined at the beginning of the each year of studies.**

**G. The scholarship does not exempt from supplementary payments.**

**H. 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

**An appendix to the grant form for graduate students**

1. I would like to grant a scholarship to the student \_\_\_\_\_

2. A list of students in my lab who receive scholarships from the Graduate School budget:

	<b>Student</b>	<b>Degree</b>	<b>Scholarship Percentage in %</b>
1.			
2.			
3.			
4.			
5.			

3. Details of my teaching activities in this year:

<b>Course</b>	<b>Teaching Framework* (Medicine, Graduate School)</b>	<b>No. of Frontal Lecture Hours</b>	<b>No. of Training Hours in the Lab (Personal Participation)</b>
1.			
2.			
3.			

\* In advanced courses - write the nature of the course (lectures, seminar, guided reading, research laboratories).

**Details of additional teaching activities:** (committees, examination of dissertations, coordination of courses, counseling for MA students)

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\_\_\_\_\_  
Supervisor's Signature