

AJMF MEDICAL ELECTIVE SCHOLARSHIP PROGRAM APPLICATION FORM

Personal Information

Full name:

Current University:

University ID Number:

Home Telephone:

University email:

Personal email:

Nationality:

Country where Passport was issued:

Course information

Current Course title:

Code:

Campus:

Host University / Institution details

University/ Institution Name:

Semester and Date of commencement of program:

Duration of program:

Proposed study plan

Faculty approval

Managing faculty:

Managing faculty does approve this application and the above study plan, which will be credited to the student's degree upon successful completion.

Name: _____ Signature: _____

Contact information:

Please attach a letter of approval and acceptance from the host Institution in Israel.

Statement of purpose

Please attach a typed statement (up to 500 words) explaining your reasons for wanting to study in Israel. Include a discussion of what you hope to accomplish, what challenges you expect to face and how you anticipate your experience will affect your academic, personal and vocational goals, and why you think you should be awarded the scholarship.

Academic statement

Please attach a certified copy of Academic transcript.

Student Declaration

I understand that the information on this form is collected for the primary purpose of approving my application to undertake an exchange in Israel. I have the right to access personal information that the AJMF holds about me, subject to any exceptions in relevant legislation.

I declare that the information I have supplied in this form is, to the best of my knowledge, complete and correct.

I understand that approval of my application is dependent on final approval by my faculty/school and the host institution, and the granting of a student visa by the host country. I understand I am responsible for all immigration issues.

I acknowledge that I will not be paid my grant (if eligible) until my enrolment/acceptance at the host Institute in Israel is approved and complete.

Applicant's Signature: _____ **Date:** _____