

MODEL FORMS

FORM 1

(Authority of the country issuing the certificate)
.....200..... (Date)

TO WHOM IT MAY CONCERN

It is certified that, according to the legislation of our country, the graduation certificate from
.....
..... (secondary education facility) that,
.....
(candidate's full name) has obtained, entitles him/her to be admitted to State Universities of the
following disciplines:
.....
.....
.....
.....

The Competent Official
of the Ministry of Education

(Signature - Stamp - First Name & Surname)

FORM 2

(Authority of the country issuing the certificate)
.....200..... (Date)

TO WHOM IT MAY CONCERN

It is certified that (candidate's full name)
..... (Father's name) (Mother's
name)
is a citizen of (Country) and is of
(descent), whose father is citizen of (Country) and of
..... (descent) and whose mother is citizen of
.....(Country) and of (descent).

The Competent Official

(Signature-Stamp - First Name & Surname)



(photo)

**HELLENIC REPUBLIC
MINISTRY OF FOREIGN AFFAIRS
HELLENIC AID**

**SCHOLARSHIP PROGRAM – ACADEMIC YEAR 2010-11
SCHOLARSHIP APPLICATION FOR UNDERGRADUATE 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
Secondary Education graduate, applies herewith for a scholarship for undergraduate studies in a
Greek University.

PERSONAL DATA

Mr.		Ms.	
1. Surname name:			
2. First name:			
3. Father's name:			
4. Mother's. name:			
5. Current occupation:			
6. Father's occupation:			
7. Mother's occupation:			
8. Place of birth:			
9. Date of birth:			
10. Nationality:			
11. Other Nationalities:			
12. Passport Number :		Issuing Authority :	
13. Sex:	Male	Female	
14. Marital Status	Married	Single	
15. Name and age of dependents:			
16. Postal address:			
(Please write down the postal address of your permanent residence, i.e. State or province, town, street and number).			
17. Telephone number:			
18. E-mail:			

Candidate's educational background and plans

Educational Institutions attended:	
Place (country, town):	
From:	Up to:
Please select up to 3 (three) faculties/departments from the attached list of Greek Universities in which you wish to study (places are attributed from Ministry of Foreign Affair).	
1.	
2.	
3.	
Why you have selected the above-mentioned faculties /departments ?	
What is your mother tongue?	
What other languages do you speak (excellent-good-fair)?	
Do you already hold a scholarship from any other Institution, Organization or Government?	
Please specify:	
Have you received a scholarship from the Greek government or any other Greek authority in the past? Please specify:	
Have you currently applied for another scholarship in Greece or abroad? If yes, please specify:	
Has any other member of your immediate family (parent, brother or sister, husband or wife) received any Greek scholarship now or in the past? Please specify:	

(Place)

(Date)

(applicant ' s signature)

YOU ARE KINDLY REQUESTED TO KEEP A COPY



(photo)

**HELLENIC REPUBLIC
MINISTRY OF FOREIGN AFFAIRS
HELLENIC AID**

**SCHOLARSHIP PROGRAM – ACADEMIC YEAR 2010-11
SCHOLARSHIP APPLICATION 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, applies herewith for a scholarship for postgraduate studies in a
Greek University

PERSONAL DATA

Mr.		Ms.		
1. Surname name:				
2. First name (s):				
3. Father's name:				
4. Mother's. name:				
5. Current occupation:				
6. Father's occupation:				
7. Mother's occupation:				
8. Place of birth:				
9. Date of birth:				
10. Nationality:				
11. Other Nationalities:				
12. Passeport Number :			Issuing Authority:	
13. Sex:	Male		Female	
14. Marital Status	Married		Single	
15. Name and age of dependents:				
16. Postal address:				
<small>(Please write down the postal address of your permanent residence, i.e. State or province, town, street and number).</small>				
17. Telephone number:				
18. E-mail:				

Candidate's educational background and plans

Educational Institution of graduation:	
Place (country, town):	
Degree in:	
From:	Up to:
Postgraduate course in Greece (or P.H.D) at which you have been accepted (department and university)	
Why you have chosen the above-mentioned course ?	
What will your plans be after you have finished your postgraduate studies ?	
What is your mother tongue?	
What other languages do you speak (excellent-good-fair)?	
Do you already hold a scholarship from any other Institution, Organization or Government? Please specify:	
Have you received a scholarship from the Greek government or any other Greek authority in the past? Please specify:	
Have you currently applied for another scholarship in Greece or abroad? If yes, please specify:	
Has any other member of your immediate family (parent, brother or sister, husband or wife) received any Greek scholarship now or in the past? Please specify:	

(Place)

(Date)

(applicant ' s signature)

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