

STATE SCHOLARSHIPS FOUNDATION

(I.K.Y.)

DIRECTORATE FOR SPECIAL PROGRAMMES,
INTERNATIONAL SCHOLARSHIPS
UNIT FOR FOREIGNERS
AND CULTURAL EXCHANGES

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APPLICATION FOR A SCHOLARSHIP STUDY OF THE GREEK LANGUAGE AND CULTURE IN GREECE (24th PROGRAMME, ACADEMIC YEAR 2017-2018)

You are kindly requested to read the applicable announcement 2017-2018 (www.iky.gr) prior to your completing this application form which is to be submitted together with the supporting documentation to the Greek Diplomatic Authorities (embassy or consulate) in your home country.

Please use the Latin alphabet and complete in BLOCK CAPITALS (in Greek or English) using ink or typescript. Only complete documentation will be processed. If you need more space for your reply, please continue on a separate sheet and attach it to this form.

Date(s) of award:					
LANGUAGES					
Mother tongue:					
Competency in Modern Greek language:					
Other language(s) – qualifications / level (excellent-good-fair):					
OFESSIONAL EXPERIENCE					
Are you employed: Yes No No					
Current employment / position:					
4. Previous employment / experience:					
5. Do you currently live in Greece or have you already lived in Greece in the past? Please state th period spent in Greece and for what purpose:					
Please list any scholarships supported by the I.K.Y. or other awarding authority (<i>Greek or not</i>) you have applied for by indicating: a) the name of the awarding authority-institution b) the type and the duration of the scholarship c) the academic year:					
. Please provide information on any awards or prizes received:					

18.	Describe any potential benefits to your country of origin or your career that will result from the
	scholarship:
19.	Please state the reasons for which you declare your participation in this specific programme
	related with your information about Greece:
20.	Please state any serious medical problem or illness you are suffering from and enclose any
	relevant medical certificate (translated in English or Greek language and certified
	accordingly - where applicable):
21.	a. Passport/National Identity card/document number:
	b. Date of issue:
22.	Father's name:
23.	Gender: female male
24.	Marital status:
25.	Permanent full home address (street and number/Area/City/Postal Code/Country):

26. Emergency Contact Information (Name/Telephone/E-mail):					
27.	27. Postal address (if different from the above mentioned during submission and selection period)				
	(state of province, city, street and number, postal code):				
28. Telephone Number (+landline):					
	Mobile/Cell phone: E-mail:				
Check list:					
1.	A recent photograph				
2.	An up-to-date curriculum vitae				
3.	A recent (issued 1 month approximately prior to the application submission) health certificate by				
	a state hospital or by the relevant recognized health authority indicating that: "I do not suffer				
	from any infectious diseases or disabilities that can endanger public health or security" (in				
	accordance with the Regulations of the World Health Organisation)				
4.	Certified* copies of my University Degree(s) – Diploma(s)				
5.	Official certificates indicating the proficiency in Greek or English				
6.	A written evidence of previous or current employment as a teacher of Greek (if applicable)				
7.	Reference of two (2) academics				
8.	A certified copy of my passport/national identity card (where applicable)				

*Note: If documentation is not in Greek or English, a certified translation (by the Greek Diplomatic Authorities) must be supplied. In addition, documents numbered 3, 4, 5 and 8 of the Call for Applicants should bear the Apostille or be certified by the Greek Diplomatic Authorities (Embassy or Consulate) in cases where the candidate's state of origin is not a member of the Hague Convention (Apostille) of 5 October 1961 abolishing the requirement of legalisation for foreign public documents.

DECLARATION BY THE APPLICANT

I, the undersigned,				
herewith apply for a scholarship to attend courses and seminars	in the Modern Greek language and			
Culture at a Greek State University and hereby declare that all information in this application and ir				
supporting documentation is true and accurate, to the best of my knowledge, and comply with the				
terms of the applicable Award Announcement. I understand that submission of false or misleading				
information may be sufficient cause for refusal, withdrawal or termination of my scholarship.				
Signature of applicant	Date			

Only complete documentation will be processed. Any omission shall lead to the cancellation of application form. See the applicable Award Announcement and consult it throughout your study.