WORLD FEDERATION OF SCIENTISTS

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APPLICATION FOR A WFS NATIONAL SCHOLARSHIP

(To be completed and remitted to the National Representative)

1. PERSO	NAL DATA	\				
Family name (surname)	:					
Given name (first name)	:					
Date of Birth	:					
Place of Birth	<u>ı</u> :					
Nationality	:					
Male	Female	Single	Married	Divorced	Widowed	No. of dependant children
Address:						
e-mail addres						
2. EDUCA	ATION (at Un	niversity level or	equivalent, in	cl. advanced co	ourses)	
Name of Insti	tute Lo	ocality/ Country	From	To <u>Diploma</u>	as received/scie	ntific discipline

 $\underline{Publications} \hbox{: Please list publications, if any, on a separate sheet} \, .$

2 LANGUAGES	1		
3. LANGUAGES Mother Tongue:			
Other Languages	Reading fluent, good, fair	Written fluent, good, fair	Spoken fluent., good, fair
4. EMPLOYME	NT		
Present position :			
Institute : (incl. address & e-mail)			
From-To (dates) :			
·	levant, please list on a separate		
PRESENT NET REM	UNERATION (after tax		(per month)
What financial suppor	t would you obtain from	sources other than the Wo	orld Federation of Scientists?
☐ Institutional (spec	cify nature and amount)		
☐ Scholarship (spec	ify nature and amount).		
☐ Private funding			
☐ None whatsoever			
5. INTERESTS			
In what type of scienti	ific / technological work	are you interested? (List i	n order of priority)

6. With which Instructor and at what Institute do you wish to study?
7. REFERENCES
Please ask two professional referees to write letters of recommendation, in English or French, addressed to Professor A. Zichichi, President of the World Federation of Scientists which are to be sent c/o the National Representative of the WFS Scholarship Programme, and give their names and addresses below:
<u>IMPORTANT</u> :
Your application will only be reviewed once all the required documentation has been received in $\underline{\text{strict}}$ $\underline{\text{conformity}}$ with the stipulated details.
I, the undersigned, declare that the information provided above is, to my knowledge, true and complete.
Date: Signature: