**Mobility for plant genomics scholars to accelerate climate-smart adaptation options and food security in Africa / GENES**

**Scholarship Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **About this Form**  This form is for application for GENES Project scholarships (For more information, please visit the website www.genes-intra-africa.org). This form should be sent (together with other required documents) as unique PDF attachment to: [genes.ebsu@genes-intra-africa.org](mailto:genes.ebsu@genes-intra-africa.org)**.** You may download the MS Word version of the form, and complete it before sending. Note that the student’s proposal should be sent together with the form as **ONE SINGLE DOCUMENT**, preferably PDF.  **The call is open from April 1st to May 30th, 2018 at mid-night, West African time.**  **Please check the relevant boxes below to confirm that you fully understand the application procedure**  I am aware that this is an application form for both Target Group 1 and 2 as explained in the call for application .  I have read and understood the application procedures as described in the call . | | | | | | | | | | | | | | | | | | | |
| **Target Group** (Check the appropriate box) | | | | | | **TG1** | | | | | | **TG2** | | | | | | | |
| **Personal Information** | | | | | | | | | | | | | | | | | | | |
| Title Mr/Mrs/Miss) | | Family/Surname Name | | | | | | | | Given Names | | | | | | | | | |
| *(insert information here)* | | *(insert information here)* | | | | | | | | *(insert information here)* | | | | | | | | | |
| Date and place of Birth (DD/MM/YY) | | Gender | | | | | | | | | | | | | | | | | |
| *(insert information here)* | | Male : | | | | | | | | Female: | | | | | | | | | |
| Permanent address: | | *(insert information here)*  *P.S: this address will be used to send all official documents in case of selection. You must insert the complete information and the most accurate address. Any problem in sending documents resulting from erroneous or insufficient information provided in this section and consequent need to resend the documents will result in the payment, by the candidate, of the resulting expenses. The address must not be translated.* | | | | | | | | | | | | | | | | | |
| Nationality | | Language (s) Spoken | | | | | Country of Residence | | | | | | | | | | | | |
| *(insert information here)* | | *(insert information here)* | | | | | *(insert information here)* | | | | | | | | | | | | |
| **Contact Details** | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | |
| Alternative Email: | | | | | | | | | | | | | | | | | | | |
| Postal Address: | | | | | | | | | | | | | | | | | | | |
| Telephone (Mobile): | | | | Alternative Phone: | | | | | | | | | | | | | | | |
| **Home Institution** | | | | | | | | | | | | | | | | | | | |
| Name of Institution | | | | | | | | Country: | | | | | | | | | | | |
| *(insert information here)* | | | | | | | | *(insert information here)* | | | | | | | | | | | |
| City | State/Province/Region | | | | | | | Zip/Postal code | | | | | | | Contact person | | | | |
| *(insert information here)* | *(insert information here)* | | | | | | |  | | | | | | |  | | | | |
| **Type of Mobility** | | | | | | | | | | | | | | | | | | | |
| MSc | | | | | PhD degree | | | | | | | | | | | | | | |
| **Host institution (Should be one of the University of the GENES partnership, visit: www.genes-intra-africa.org for more information):** | | | | | | | | | | | | | | | | | | | |
| Official name of your 1st host institution: | **Why have you chosen this specific institution?**  **Max 1000 characters** | | | | **Have you established any previous contacts with the Institution concerning your mobility? If yes, please, quote the name of your contact person and his/her position** | | | | | | **Programme Applied For at the host university** | | | | | | | | |
| Official name of your 2nd host institution | **Why have you chosen this specific institution?**  Max 1000 characters | | | | **Have you established any previous contacts with the Institution concerning your mobility? If yes, please, quote the name of your contact person and his/her position** | | | | | | **Programme Applied For at the host university** | | | | | | | | |
| Official name of your 3rd host institution | **Why have you chosen this specific institution?**  Max 1000 characters | | | | **Have you established any previous contacts with the Institution concerning your mobility? If yes, please, quote the name of your contact person and his/her position** | | | | | | **Programme Applied For at the host university** | | | | | | | | |
| **Academic background** (Please indicate the most recent academic qualifications or training received till date that are relevant to this application, starting with the most recent ones. Please include only the academic training achieved in a higher education institution**)** | | | | | | | | | | | | | | | | | | | |
| **Description of any current training programme** | | | |  | | | | | | | | | | | | | | | |
| **Most recent academic degree awarded / training accomplished** | | | |  | | | | | | | | | | | | | | | |
| **Name of course** | | | |  | | | | | | | | | | | | | | | |
| **Institution** | | | |  | | | | | | | | | | | | | | | |
| **Country** | | | |  | | | | | | | | | | | | | | | |
| **Date of award** | | | |  | | | | | | | | | | | | | | | |
| **Grade obtained** | | | |  | | | | | | | | | | | | | | | |
| **Maximum grade in the grades’ scale of the institution (e.g. in a scale of 0-20, it is 20)** | | | |  | | | | | | | | | | | | | | | |
| **Employment experience**  (Briefly describe the nature of three of your most recent employment experience, particularly the relevant details for your mobility proposal. If you do not have any employment experience, you do not have to fill this section.) | | | | | | | | | | | | | | | | | | | |
| **1.** | | | |  | | | | | | | | | | | | | | | |
| **2.** | | | |  | | | | | | | | | | | | | | | |
| **3.** | | | |  | | | | | | | | | | | | | | | |
| **Publications** or any other evidence of research experience **(mandatory for PhD students)**  (In case you have already published a scientific work or contributed to the publication of any paper please indicate the most representative ones, maximum five, giving priority to those most related with your mobility proposal. The references must include: authors, title, publisher, year, city, page number and other relevant bibliographical data. **If you don't have any publication, you do not have to fill this section** | | | | | | | | | | | | | | | | | | | |
| **1.** | | | |  | | | | | | | | | | | | | | | |
| **2.** | | | |  | | | | | | | | | | | | | | | |
| **3.** | | | |  | | | | | | | | | | | | | | | |
| **4.** | | | |  | | | | | | | | | | | | | | | |
| **5.** | | | |  | | | | | | | | | | | | | | | |
| **Motivation and added value (**Please state briefly the main reasons why you wish to participate in this project, as well as the added value you perceive to be attached to your mobility proposal in your host institution.) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Required Supporting Documentation (Checklist)** | | | | | | | | | | | | | | | | | | | |
| 1. Cover letter 2. Scholarship Application form (this document) 3. Student proposal (guidelines available online) 4. National ID or Copy of Passport Data page 5. Certificate of degree 6. Transcript records 7. Support letter from sending HEIs 8. Recommendation letter of home supervisor (mandatory for all applicants) 9. Enrollment proof in degree course from home institution (for MSc applicants) 10. Proof of acceptance in host institution (for PhD Students) 11. Curriculum Vitae. 12. Employment certificate (only for staff) 13. Certificate of English or French language skills 14. Proof of socio-economic vulnerability (if available) | | | | | | | | |  | | | | | | | | | | |
| (***To enable assessment of your application, ensure that you have completed the application form and attached relevant documents in a SINGLE PDF file)*** | | | | | | | | | | | | | | | | | | | |
| **I confirm that I do NOT have a running scholarship at the time of application** | | | | | | | | | | | | | | | | | |  | |
| **I confirm that I have not benefitted from any intra-Africa or Intra-ACP scholarship at the time of application** | | | | | | | | | | | | | | | | | |  | |
| **I confirm that I have attached the all necessary documents along with my completed application form** | | | | | | | | | | | | | | | | | |  | |
| **I acknowledge that I have to apply independently for admission to the programme of my choice. (Application forms for admission are can be accessed the respective host HEI. For more information about admission refer to contact persons for the respective host HEI)** | | | | | | | | | | | | | | | | | |  | |
| **Further Information** | | | | | | | | | | | | | | | | | | | |
| *This information is to help GENES to plan support services for students; it will not be used for the purposes of selection.* | | | | | | | | | | | | | | | | | | | |
| Have you any additional requirements that might affect your study? ***If so, please enclose a separate letter giving details*** | | | | | | | | | | | | | Yes | | |  | No | |  |
| **Referees**  Name two people whom GENES can consult in confidence about your application. At least one should be a tutor or other member of the academic staff of the university or college at which you studied. If your referees know you by another name, please state it here and indicate whether it should be quoted when referees are approached. | | | | | | | | | | | | | | | | | | | |
| 1. Name | | |  | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | |
| Telephone | | |  | | | | | | | | | | | | | | | | |
| Fax | | |  | | | | | | | | | | | | | | | | |
| Email | | |  | | | | | | | | | | | | | | | | |
| Position held | | |  | | | | | | | | | | | | | | | | |
| 2. Name | | |  | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | |
| Telephone | | |  | | | | | | | | | | | | | | | | |
| Fax | | |  | | | | | | | | | | | | | | | | |
| Email | | |  | | | | | | | | | | | | | | | | |
| Position held | | |  | | | | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | | | | |
| **By submitting this application I declare that the information provided in this application and the supporting documentation is true and complete. I understand that the GENES Project reserves the right to withdraw or cancel any offer made on the basis of information that proves to be untrue or misleading. I accept that the information I provide on this form and during my enrolment can be provided, in certain circumstances, to the European Commission (Intra-Africa Mobility Scheme) and designated authorities, including publishing it on the project website. I understand that the GENES project will keep all my personal information confidential unless otherwise.** | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | **Date:** |  | | | |  | | |  | | |