



PHOTOGRAPH  
(Please write your name at the back of the photo and glue here.)

**JEAN MONNET SCHOLARSHIP PROGRAMME  
2015-2016  
APPLICATION FORM**

*This form should be used in the applications. The form has to be filled in electronically in one of the EU official languages and printed out. Its signed and dated hard-copy should be submitted with other application documents.*

**PART A: PERSONEL INFORMATION**

First name(s) Surname(s)  
(as on your ID Card/Passport)

Gender Date of Birth  
(dd/mm/yyyy)

Nationality Citizenship/Passport Number<sup>1</sup>

**PART B: APPLICATION CATEGORY**

Type of Study Sector Category

Field of Study

Institution<sup>2</sup>

Department

Position/Title<sup>3</sup>

Expected Graduation Date<sup>4</sup>  
(mm/yyyy)

	EU Official Language	Name of the Proficiency Certificate	Score of the Proficiency Certificate	Date of the Proficiency Certificate (dd/mm/yyyy)
1 <sup>st</sup> Option				
2 <sup>nd</sup> Option (if applicable)				

EU Official Language in Which You Will Take the Jean Monnet Written Exam<sup>5</sup>

<sup>1</sup> Foreign nationals should write down their passport numbers whereas Turkish nationals should write down their Turkish citizenship numbers.

<sup>2</sup> Please write down the institution in which you are currently working or studying in Turkey.

<sup>3</sup> Those who are applying from university sector should indicate clearly their status at the university. E.g. senior student, postgraduate student (Master or PhD), academic staff, administrative staff.

<sup>4</sup> Only senior students are obliged to fill this part.

<sup>5</sup> Applicants who have indicated two language options should specify only one of these languages to undergo the written exam. However, they may choose to study in academic programmes conducted in any or both of these two languages.

**PART C: CONTACT DETAILS**

**a) Current addresses for correspondence<sup>6</sup>:**

Home address

Home phone  
(E.g. 312 219 77 89)

Work address

Work phone  
(E.g. 312 219 77 89)

Mobile phone  
(E.g. 5xx xxx xx xx)

E-mail-1

E-mail-2

**b) Details for next of kin or person who should be contacted in Turkey in case of an emergency<sup>7</sup>:**

Please specify your relationship with next of kin or emergency contact person (E.g. spouse, mother, colleague, friend, uncle, etc.)

Name/Surname

Address

Home phone  
(E.g. 312 219 77 89)

Work phone  
(E.g. 312 219 77 89)

Mobile phone  
(E.g. 5xx xxx xx xx)

E-mail

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<sup>6</sup> Addresses should be written in Turkish. Please do not write down the same phone numbers to each field. Please write down the phone numbers when they are different from each other.

<sup>7</sup> Addresses should be written in Turkish. Please do not write down the same phone numbers to each field. Please write down the phone numbers when they are different from each other.

**PART D: ACADEMIC BACKGROUND**

**High School**

High School

City

Country

Dates Attended: From  
(mm/yyyy)

To  
(mm/yyyy)

Language of Instruction

Graduation GPA  
(E.g. 65/100, 3.5/5.00, etc.)

**Bachelor**

University

Faculty

Department

City

Country

Dates Attended: From  
(mm/yyyy)

To  
(mm/yyyy)

Language of Instruction

GPA  
(E.g. 65/100, 2.5/4.00, etc.)

**Major or Minor (if applicable)**

University

Faculty

Department

City

Country

Dates Attended: From  
(mm/yyyy)

To  
(mm/yyyy)

Language of Instruction

GPA  
(E.g. 65/100, 2.5/4.00, etc.)

**Master (if applicable)**

University

Faculty

Department

City

Country

Dates Attended: From  
(mm/yyyy)

To  
(mm/yyyy)

Language of instruction

GPA  
(E.g. 65/100, 2.5/4.00, etc.)

Field of Study

**PhD (if applicable)**

University

Faculty

Department

City

Country

Dates Attended: From  
(mm/yyyy)

To  
(mm/yyyy)

Language of instruction

GPA  
(E.g. 65/100, 2.5/4.00, etc.)

Field of Study

**Other (if applicable)**

University

Faculty

Department

City

Country

Dates Attended: From  
(mm/yyyy)

To  
(mm/yyyy)

Language of instruction

GPA  
(E.g. 65/100, 2.5/4.00, etc.)

Field of Study

**PART E: WORK EXPERIENCE<sup>8</sup>**

How long have you been working (in years)?

**Work Experience 1**

Institution/Organization

Department

Position/Title

Dates Worked:	From	To
	(mm/yyyy)	(mm/yyyy)

Main responsibilities/duties

**Work Experience 2**

Institution/Organization

Department

Position/Title

Dates Worked:	From	To
	(mm/yyyy)	(mm/yyyy)

Main responsibilities/duties

**Work Experience 3**

Institution/Organization

Department

Position/Title

Dates Worked:	From	To
	(mm/yyyy)	(mm/yyyy)

Main responsibilities/duties

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<sup>8</sup> Please do not indicate your internships. List your work experiences in chronological order from newest to oldest.

**Work Experience 4**

Institution/Organization

Department

Position/Title

Dates Worked: From  
(mm/yyyy)

To  
(mm/yyyy)

Main responsibilities/duties

**Work Experience 5**

Institution/Organization

Department

Position/Title

Dates Worked: From  
(mm/yyyy)

To  
(mm/yyyy)

Main responsibilities/duties

**PART F: STATEMENT OF PURPOSE<sup>9</sup>**

What is/are your reason(s) for applying to the Jean Monnet Scholarship Programme? If you are awarded the scholarship, in what respects, do you think this Programme will contribute to your career?

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<sup>9</sup> Please do not exceed the space provided above. (max. 3500 characters)

**PART G: DECLARATIONS**

Have you ever been awarded AND benefited from the Jean Monnet Scholarship? If yes, please indicate the name of the programme as well duration, place and scope of study (master/research).

Yes No

Have you ever benefited from any other scholarship funded by the EU and/or any EU Member State? If yes, please indicate the name of the programme as well as duration, place and scope of study (master, research, PhD etc.).

Yes No

Are you applying for any other scholarship or award to study in the EU, to be funded by other institutions or foundations? If yes, please give full details.

Yes No

Have you ever benefited from Erasmus Exchange Programme? If yes, please indicate the name of the host university, host country and the duration of the study.

Yes No

I hereby declare that the above statements are correct and complete and I am of sound health to complete the academic study.

If my application is selected to be funded, the data provided in this form may be published for statistical reasons and the contact details may be used and shared by the Jean Monnet Scholarship Programme Office within the context of the Programme objectives and activities.

**Signature**<sup>10</sup>

**Date**  
(dd/mm/yyyy)

***IMPORTANT NOTICE: Please note that only the data on the print out of the filled in, signed and dated application forms will be taken into consideration. It is solely the applicant's responsibility to check that the content of the electronic application form and its print out are the same.***

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<sup>10</sup> Please **do not** insert a scanned image of your handwritten signature or any other kind of digital signature to this field. **This document should be signed with your hand written signature and preferably in blue ink.**