



## Scholarship Application Form

Application for the academic / year.

Department of:

CSIS    ECON    PSIR    SFA    Modern Languages    MEDICINE

Year of study that you are applying for the scholarship:          GPA:

### PERSONAL INFORMATION:

First name:

Last name:

Date of birth:

Home address:

City:

Home phone:

Email:

Mob:

Current Address (if different from Home Address):

You live in a:    Family house    Family Apartment    Rented apartment    Other

### SOCIAL STATUS OF THE FAMILY:

Your family has:    Two parents    One parent    None    Guardian

**Father's name:**

Occupation:

Monthly income:

Employer's name:

Employer's contact:

**Mother's name:**

Occupation:

Monthly income

Employer's name:

Employer's contact



**Mandatory documentation:**

1. **Motivational Letter:** in addition to your academic and professional achievements please tell us about any unusual or specific circumstances that affect your family's financial situation. (Written in English and up to 1 pg. long)
2. **Relevant documentation that is acceptable:** Official confirmation of income (given by the employer), Official confirmation of unemployment, retirement cheque, official disability confirmation, official death certificate.  
*(Potvrda o visini primanja- izdata od strane firme uposlenog/e, uvjerenje Biroa za nezaposlene, penzioni ek, uvjerenje o invaliditetu- RVI ili dr., umrli list.)*
3. **1 photo** (standard format, 4x6 cm)

Conditions of the scholarships:

1. Scholarships are awarded on a yearly renewable basis, when SSST Scholarship Fund has sufficient resources.
2. Scholarships are awarded based on financial need and academic merit of the applicants, which are assessed by the Scholarship Committee at the end of each scholarship academic year
3. If any of the above statements are proven to be false, the scholarship will be denied.
4. Incomplete application forms without mandatory documentation will not be considered.
5. Applicants are advised to bring additional documentation that can testify of their achievements in and outside of the classroom, or any additional recommendations that certify their academic abilities and dedication.
6. All the information submitted by the applicants will be kept confidential.

*I certify that the statements and information herein are true, correct and complete to the best of my ability.*

*With our signature we confirm that we have read, understood and agreed with the scholarship conditions given above.*

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Date and place

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SSST stamp and signature

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Applicant's signature

**For SSST administration to fill in:**

Scholarship: **APPROVED**  in the amount of: \_\_\_\_\_ % ; **DENIED**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholarship Committee Member's Signature: \_\_\_\_\_