

##### RAPHAEL LEMKIN SCHOLARSHIP 2024

*APPLICATION FORM*

##### Contact Information

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| --- |
| **First Name:**  *As in your passport* |
| **Last Name:**  *As in your passport* |
| Sex: □ Female □ Male |
| **Date of Birth:**  Year\_\_\_\_\_\_\_\_Month\_\_\_\_\_\_\_\_Day\_\_\_\_\_\_\_\_ |
| **Citizenship:** |
| **Home Address:** |
| **University/Institution:** |
| **Faculty:** |
| **Department**: |
| **Position**: |
| **University/Institution Address:** |
| **University/Institution Web page:** |
| **University/Institution e-mail:** |
| **Language Skills:** |
| **Academic Degrees:**  *Name and received date of Diploma(please, mention all)* |
| **Academic honours, awards:**  *Name and received date of Diploma* |
| **Research Fields:** |
| **Relevant Publications:** |
| **Other academic programs and scholarships:**  *Program, Title of Course, Year, Month* |

**Project Outline:**

Title of the Project:

Brief Summary of proposed activity

Outline of the research you intend to develop (2500 words maximum).

Date you expect to begin the scholarship

**Signature of Applicant**