SCHOLARSHIP APPLICATION FORM

To be filled out by the applicant. Please complete all items and ensure handwriting is clear and readable.

Part I – General information

|  |  |
| --- | --- |
| Last name |  |
| First name |  |
| Please write names exactly as they appear in your identity or academic documents. |

|  |  |
| --- | --- |
| Date of birth (Day/Month/Year) |  |
| Place of birth | Country: City/Village: |
| Nationality(ies) |  |
| Refugee ID number |  |
| Month and year of entry to Azerbaijan |  |
| Marital status  | Single Married Divorced Widowed |
| Children | No children Children (please add number): |
| Current occupation or activity  | * School graduate (just completed secondary school)
* University student (already enrolled in university)
* Previous university studies complete, interrupted due to:
* Employed, please specify:
* Self-employed, please specify:
* Casual work, please specify:
* Other, please specify:
 |
|  Residential address |  |
|  Mobile number |  |
| WhatsApp, if different from mobile number |  |
|  E-mail address |  |

Part II – Family situation

**Parent / Caregiver information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Last name | First name | Date of Birth (Day/Month/Year) | Location (country, deceased, other) |
| Father |  |  |  |  |
| Mother |  |  |  |  |
| Main caregiver (if different from parent) |  |  |  |  |

**Siblings**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name | Female/ Male (F/M) | Age | Do they attend school? Yes/No | If yes, what grade/level? | Do they work?Yes/No | If yes, what type of work? | Do you live in the same household?Yes/No |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |

**Dependent information**

Provide information about your spouse, children, and/or other dependents. If there are more than two dependents, please include additional information on a separate sheet of paper.

* I do not have children or dependents
* If you do have children or dependents, please complete the following:

|  |
| --- |
| **Dependent (1)** |
| Full name: |
| Relationship to you (spouse, child, etc.) |  |
| Age |  |
| Date of birth | Day: | Month: |  Year: |
| Place of birth | Country: |  |  City/Village: |
| Current residence | Country: |  |  City/Village: |

|  |
| --- |
| **Dependent (2)** |
| Full name: |
| Relationship to you (spouse, child, etc.) |  |
| Age |  |
| Date of birth | Day: | Month: |  Year: |
| Place of birth | Country: |  |  City/Village: |
| Current residence | Country: |  |  City/Village: |

**Specific needs**

Please indicate if you or another close family member are living with a disability or serious medical condition or any other special circumstances that should be taken into account. If possible, include medical record with your application.

* + I have a specific need
	+ One of my family members has a specific need:

 *Full name, age and relationship to you:*

* + I have a specific need and a family member has a specific need
	+ Not applicable

|  |  |  |
| --- | --- | --- |
| **Type of condition** (Please select what applies) |  | Visual impairmentHearing impairment |
|  |  | Physical impairment |
|  |  | Chronic disease, please specify: |
|  |  | Injury, please specify: |
|  |  | Serious medical condition, please specify: |
|  |  | Other, please specify: |
| **Type of specific assistance needed** (medication, therapy, special food, protection, accommodation, care, reading material, hearing aids, etc.) |  |
| **If you have a specific need,** please indicate whether it will impact your studies and any additional accommodations / assistance that may be required to support you in your studies (for example, accessible accommodation, sign language interpreter). |  |

Part III – Social / economic situation

**Parents’ profession and education level**

|  |  |  |
| --- | --- | --- |
|  | Father (or caregiver) | Mother (or caregiver) |
| Level of education (highest level of education achieved **or** number of years in school) |  |  |
| Profession |  |  |

**Parents’ current work / job**

|  |  |  |
| --- | --- | --- |
|  | Father (or caregiver) | Mother (or caregiver) |
| Current work/job |  |  |
| Estimated monthly income |  |  |

**Family monthly income (please indicate in AZN)**

|  |  |
| --- | --- |
| Total monthly income (estimated) | Amount in AZN: |
| Who earns most of the monthly family income? | Who:Amount in AZN: |
| Amount and source of family financial resources if you, your parents or caregiver are not working. (For example, a relative, a friend etc.*)* | Amount in AZN:Source: |
| Do you receive cash support? | * Yes
* No
 |
| If you receive cash support, from which source? | * UNHCR
* Government agency
* Other, please specify:
 |

Part IV – Academic background

**Secondary school**

|  |  |
| --- | --- |
| Dates of attendance | From (month/year): To (month/year): |
| Location of school | Country: City: |
| Name (or number) of school |  |
| Year graduated |  |
| Official / certified copy of the school diploma attached to this application | * Yes
* No

If no, please explain why not*:* |

**Higher education (university, college, academia etc.)**

Complete this section only if you have previously enrolled in higher education but were forced to interrupt your studies, whether in the Country of Origin or in Azerbaijan.

* + I did not previously enroll in higher education, not applicable
	+ If applicable, please provide the following information:

|  |  |
| --- | --- |
| Dates of attendance | From (month/year): To (month/year): |
| Number of years (or semesters) completed |  |
| Location of institution | Country: City: |
| Name of institution |  |
| Field of study |  |
| Degree obtained (Yes/No) |  |
| Reason studies were interrupted | If yes, the reason was:* I was forced to flee.
* I lacked the financial means to support myself.
* Illness
* Needed to support my family and had to work
* Other, please specify:
 |
| Copy of the results (academic transcript or any other document showing your academic performance) attached to this application | * Yes
* No

If no, please explain why not: |

**Languages**

Indicate language level: [Native (N), Excellent (E), Good (G), and Basic (B)] for each category. If you are a newly enrolling student, include the language of study applicable to the course you want to enroll in.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Languages *Indicate: N-native; E- excellent;* *G-good; B-basic* | Comprehension | Reading | Writing | Speaking | Do you have language proficiency certificate? (Yes/No) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Computers and technology**

Check which apply to the availability of a personal computer to you

* *I own a personal computer*
* *I do not own a personal computer*
* *We have one personal computer in the family that I can use from time to time*
* *I only have a smartphone which connects to the internet*
* *I do not have access to any means of connectivity to the internet.*
* *Other, please specify:*

Please check (x) which apply to your skills in working with a computer and using the internet. Lack of experience or skills with technology will not impact your likelihood of selection.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Skill / Experience | Never used /No experience | Limited knowledge | Some practical knowledge | Advanced practical knowledge |
| General computer use |  |  |  |  |
| Microsoft Word |  |  |  |  |
| Microsoft Excel |  |  |  |  |
| E-mail functions |  |  |  |  |
| Search functions |  |  |  |  |
| Programming |  |  |  |  |
| Other: |  |  |  |  |

**Professional (work) experience**

* I do not have any professional (work) experience, not applicable
* If applicable, please provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of company, organisation, agency | From(Month/Year) | To(Month/Year) | Your position or type of work |
| 1. |  |  |  |
| 2. |  |  |  |

**Social and community engagement / volunteering**

List community, social, sports, school, other activities you regularly participate in.

* I do not participate in any activities, not applicable
* If applicable, please provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Type of activity | From(Month/Year) | To(Month/Year) | Your role or position |
| 1. |  |  |  |
| 2. |  |  |  |

**Hobbies**

Explain your interests and hobbies (reading, social engagements, arts, sports, etc.) in 200 words or less.

Part V – Your study plan for this scholarship

Fill the below table if you are a newly enrolling student

|  |  |
| --- | --- |
| What subject would you like to study?  |  |
| In which higher education institution in Azerbaijan would you like to study? |  |
| Have you already applied for admission or been admitted to the institution mentioned above? If yes, please attach the proof / letter of admission if available. | * No
* Yes

I have applied for admission at the following institution:Letter of admission attached to this application:* Yes
* No

If no, please explain:* Response pending
* Admission rejected
 |
| What is the estimated duration of the programme of study (years)? |  |

Fill the below table if you already study at a higher education institution in Azerbaijan

|  |  |
| --- | --- |
| What is your field of study?  |  |
| In which higher education institution in Azerbaijan are you studying? |  |
| Copy of the student card and a copy of your latest academic transcript (subjects and scores) attached to this application. | * No
* Yes

If no, please explain: |
| What is the expected year of graduation? |  |

All students – newly enrolling and ongoing – explain your personal and professional motivation for your field of study. Mention employment opportunities, relevance to personal or community development, other factors influencing your choice? (200 words or less)

Part VI – Additional information

|  |  |
| --- | --- |
| Have you received a higher education scholarship before? | * No
* Yes

If yes:* Name of scholarship provider:
* Period for which scholarship was provided:
* Country in which scholarship was received:
* Field of study or degree supported:
* Study completed/degree obtained: yes/no
 |

**If you are awarded a DAFI scholarship, what would be expected from you in terms of caring for your family / dependents during your studies? (200 words or less)**

* + I am not responsible for the care of any dependents or family members, not applicable
	+ If applicable, please explain.

Part VII – Information certification

I, , hereby certify that my statements in response to the above questions are true, complete and accurate. I understand that any false information provided in this application will affect my chances of selection. I undertake to inform UNHCR of any significant changes to my circumstances without delay.

I confirm that I am not receiving funding/scholarship from any other organisation or donor to pursue my tertiary education.

I understand that this application does not guarantee selection for the scholarship. If shortlisted, I will make myself available for an interview and provide any additional information required.

I certify that I have read and understood the terms and conditions of the DAFI scholarship.

**Full name**:

**Signature**:

**Place and date**:

Part VIII – Declaration of consent

I, , understand and agree to the following:

* UNHCR will share personal data contained in this application form with a DAFI Selection Committee. The Selection Committee will use the data for the preparation and conduct of interviews and the selection of candidates for the DAFI scholarship.
* Members of the DAFI Selection Committee are representatives of UNHCR, German Embassy and the refugee community. All members of a DAFI Selection Committee engage in respecting the confidentiality of the personal data contained in this application form.
* UNHCR may need to share data contained in this application form with higher education institutions and other relevant scholarship providers, strictly limited to that concerning the scholarship and in due respect of data confidentiality.
* Apart from the above, UNHCR will keep all my personal data confidential.
* I may request access to, correction and deletion of my personal data or object to its further processing. I understand that in the event of an objection to further processing of data during the selection process, it may impact my ability to proceed in the DAFI scholarship selection process. I can make requests by contacting Mr. Tural Abbasov, DAFI Focal Person at +994 12 492 14 43
* I understand that in the event that I am selected for a DAFI scholarship, a request to delete my personal data may not be granted by UNHCR for monitoring and accountability purposes.

**Full name**:

**Signature**:

**Place and date**: