

**For official use**

**Application No: ………………….……**

**Date:……………………………….…....**

**Receiving officer name: ……………………………………………**

**APPLICATION FORM**

**ISLAND OIL HOLDINGS SCHOLARSHIP PROGRAM**

**Academic Year 2024-25**

**Note: The application must be supported by the relevant documentation.**

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**Application Submission Deadline: 09/09/2024**

**Announcement of scholarship recipients: 20/09/2024**

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| 1. **Candidate’s Personal Details**
 |
| **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Name**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Student Registration No**(if applicable) |  |  |  |  |  | **Telephone**  |  |  |  |  |  |  |  |  |
| Εmail  |  |
| **Permanent Address** |  |
| Temporary Address |  |
| Program of Study  |  |

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| 1. **Student’s Family Income**
 |
|  | **Occupation** | **Annual Income** |
| **Student** |  |  |
| **Father** |  |  |
| **Mother** |  |  |
| **Other Income \*** | **Details**………………………………………………………………………………………………………………………………………… | …………………………………… |
| **TOTAL INCOME** | € |

\* Other Income (income from rent, bank interest, unemployment benefit, child support benefit, minimum income allowance, pension etc.)

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| 1. **Other Information**
 | **Mark (X) or complete with a short description wherever necessary** |
| **Ages of other dependent\* children in the family** |  |
| **Orphan** |  |
| **Family in enclaved areas** |  |
| **Severe\*\* health problems**  |  |

\* Dependent children: children below 18 / high school students / university or college students / in mandatory military service

\*\* Severe health problems: 75% inability or 60% disability

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| 1. **Academic performance**
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| Overall grade in high school leaving certificate |  |

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| 1. **Documents Submitted**
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|  | **Mark (x)**  |  | **Mark (x)**  |
| High school leaving certificate**(Required)** |  | Certificate of annualinsurable earnings for last year for both parents,whether working or not **(Required)** |  |
| Certificate of annual insurable earnings of last year for both parents, whether working or not **(Required)** |  | Certificate of inability pension |  |
| Certificate of orphanhood allowance |  | Pension certificate |  |
| Certificate of disability pension |  | Certificate of unemployment benefits |  |
| Widow’spension certificate |  | Certificates for dependent children |  |
| Certificate of minimum income allowance |  | Other: |  |

Note: Applications with missing documents will not be evaluated.

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| **7. Declaration of Consent for the use of Personal Data**  |
| I confirm that all information and personal data provided in this application form are accurate and true. With this declaration, I provide my free and explicit consent to Frederick University for the processing of the personal data provided, in accordance with the European Legislation on the Protection of Personal Data (General Data Protection Act-Act.2016/679). I am aware that my personal data will be processed in confidence and security according to Frederick University’s Data Protection Policy: <http://www.frederick.ac.cy/privacypolicy>  |

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| **Candidate’s Signature** |  | **Date** |  |