

WORLD FEDERATION OF SCIENTISTS

c/o CERN
LAA Building #29
CH-1211 Geneva 23
Switzerland
Tel. +41 22 767 9957
Fax: +41 22 767 9965
E-mail: info@federationofscientists.org

APPLICATION FOR A WFS NATIONAL SCHOLARSHIP *(To be completed and remitted to the National Representative)*

1. PERSONAL DATA

Family name :
(surname)

Given name :
(first name)

Date of Birth :

Place of Birth :
(locality/country)

Nationality :

Male	Female	Single	Married	Divorced	Widowed	No. of dependant children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address:

.....
.....

e-mail address:

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2. EDUCATION (at University level or equivalent, incl. advanced courses)

Name of Institute Locality/ Country From/To Diplomas received/scientific discipline

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Publications: Please list publications, if any, on a separate sheet.

3. LANGUAGES

Mother Tongue:

Other Languages

Reading
fluent, good, fair

Written
fluent, good, fair

Spoken
fluent, good, fair

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4. EMPLOYMENT

Present position :

Institute :
(incl. address & e-mail)

From-To (dates) :

Nature of work :
Previous employment: if relevant, please list on a separate sheet.

PRESENT NET REMUNERATION (after tax) (per month)

What financial support would you obtain from sources other than the World Federation of Scientists?

Institutional (specify nature and amount)

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Scholarship (specify nature and amount)

.....

Private funding

None whatsoever

5. INTERESTS

In what type of scientific / technological work are you interested? (List in order of priority)

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6. With which Instructor and at what Institute do you wish to study?

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7. REFERENCES

Please ask two professional referees to write letters of recommendation, in English or French, addressed to **Professor A. Zichichi, President of the World Federation of Scientists** which are to be sent c/o the National Representative of the WFS Scholarship Programme, and give their names and addresses below:

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IMPORTANT:

Your application will only be reviewed once all the required documentation has been received in strict conformity with the stipulated details.



I, the undersigned, declare that the information provided above is, to my knowledge, true and complete.

Date: Signature: