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Under the auspices of the *Fondation de France,*

France’s leading philanthropy network

SCHOLARSHIP APPLICATION

How did you find out about the Excelia Foundation?

PLEASE USE CAPITAL LETTERS WHEN COMPLETING SECTIONS 1 AND 2

1. APPLICANT: PERSONAL INFORMATION

Family name:

First name:

Gender: Nationality:

Date of birth: …. / …. / …. Place of birth:

Address at which you wish to receive correspondence:

Postcode: City:

Landline no.: Mobile no.:

Email address:

Single  Married  Common-law partnership

Number of children and their ages:

1. **ABOUT YOUR PARTNER** *(married/common-law)*

Family name:

First name: ……………………………………………….

Nationality :

Date of birth: …. / …. / …. Place of birth:

Profession: …………………………………………………

1. **STUDIES**

Name, and level, of your study programme for the current academic year (give full details including level, field of study, specialisation, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Study course/programme** | **Name of educational establishment** | **Qualification obtained** |
| 2022-2023  …………. |  |  |  |
| 2021-2022  …………. |  |  |  |
| 2020-2021  ………… |  |  |  |
| Qualification you hope to obtain: ……………….……………….………………. | | | Year: ………………. |

**For each year, please provide details of your sources of funds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Scholarship/grant** | **Bank loan** | **Financial support from family** | **Other** |
| 2022-2023 |  |  |  |  |
| 2021-2022 |  |  |  |  |
| 2020-2021 |  |  |  |  |

Please give details of your professional project (intended career) or your study project:

**YOUR FINANCIAL SITUATION FOR THE 2022-2023 ACADEMIC YEAR**

1. **SOURCES OF FUNDS (ANNUAL)**

Please provide full details of any applications for grants, subsidies, scholarships or sponsorship you have made, as well as details of any replies received or pending.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Tick relevant box** | | | |
| **Applicant:** | Total amount | *One-off annual amount* | *Monthly amount*  *(in several instalments)* | ***Received*** | ***Pending*** |
| **➀** Government grants/scholarships |  |  |  |  |  |
| **➁** Foundations |  |  |  |  |  |
| **➂** Interest-free loans |  |  |  |  |  |
| **➃** Bank loans |  |  |  |  |  |
| **➄** Money from family |  |  |  |  |  |
| **➅** Holiday job /student jobs/internship salaries |  |  |  |  |  |
| **➆** Housing benefit  /ogementlogement……………………. |  |  |  |  |  |
| **➇** Other resources/financial support **\*** |  |  |  |  |  |
| Total in EUROS (€) |  |  |  |  |  |

\* Please provide details of all ‘Other resources/financial support’:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Tick relevant box** | | | |
| **Your partner:** | Total amount | *One-off annual amount* | *Monthly amount*  *(in several instalments)* | ***Received*** | ***Pending*** |
| **➀** Government grants/scholarships |  |  |  |  |  |
| **➁** Foundations |  |  |  |  |  |
| **➂** Interest-free loans |  |  |  |  |  |
| **➃** Bank loans |  |  |  |  |  |
| **➄** Money from family |  |  |  |  |  |
| **➅** Holiday jobs/internship salaries |  |  |  |  |  |
| **➆** Housing benefit |  |  |  |  |  |
| **➇** Other resources/financial support **\*** |  |  |  |  |  |
| Total in EUROS (€) |  |  |  |  |  |

\* Please provide details of all ‘Other resources/financial support’:

1. **YOUR TOTAL ANNUAL EXPENDITURE/OUTGOINGS (APPLICANT)**

|  |  |  |
| --- | --- | --- |
|  | Total for 12 months | Details |
| **➀** Rent + utility bills (heating, etc.) |  |  |
| **➁** Food |  |  |
| **➂** Transport |  |  |
| **➃** Tuition fees/equipment/supplies |  |  |
| **➄** Insurance and health cover |  |  |
| **➅** Loan repayments (if applicable) |  |  |
| ➆ Miscellaneous expenditure \* |  |  |
| **➇** Other **\*** |  |  |
| Total in EUROS (€) |  |  |

\* Please provide details of all ‘Miscellaneous expenditure’ and ‘Other’:

1. **ABOUT THE APPLICANT’S FAMILY** (information about parents and their income)

**MOTHER**

Family name, First name: ………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………….…………………………….

Profession (please give details, even if retired): …………………………………………………….....…………………………….

**FATHER**

Family name, First name: ………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………….…………………………….

Profession (please give details, even if retired): …………………………………………………….....…………………………….

Married  Widowed  Divorced  Separated

Other (please give details): …………………………………………………………………………………..

|  |  |
| --- | --- |
| *FAMILY MONTHLY OUTGOINGS (in EUROS)* | |
| Rent |  |
| Repayments (loans, mortgages, etc.) |  |
| Child support payments |  |

*FAMILY MONTHLY INCOME (in EUROS)*

Amount of most recent taxable earnings or declared earnings if not taxable: ……………………………………

Please indicate to which household the applicant is linked for tax purposes: …………………………………….

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mother** | **Father** | **Total** |
| Income (monthly salary, pension, unemployment benefit, etc) |  |  |  |
| Civil service pension; Military pension; Disability allowance |  |  |  |
| Family allowance |  |  |  |
| Child maintenance payments |  |  |  |

*OTHER CHILDREN IN THE FAMILY (applicant’s brothers and sisters)*

No. of children: ……………………… No. of dependent children: ………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age** | **Profession or Current studies** |  | **Age** | **Profession or Current studies** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **SWORN SIGNED STATEMENT BY APPLICANT**

As the undersigned,

Mrs/Ms/Mr

Date of birth:

Place of birth:

I hereby certify the accuracy of the information provided in my application for an Excelia Foundation scholarship.

I am fully aware of the possible legal repercussions of providing false information.

The information in this document is provided for all legal intents and purposes.

Signed on (date):

In (city):

Applicant’s signature: …………………………………………………………………………

**SUBSTANTIATED OPINION OF HEAD OF PROGRAMME**

*Please give your opinion on this form (below) or submit a separate letter*

I, the undersigned, ………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………….

hereby confirm that for the 20.. - 20.. academic year, I oversaw and was responsible for the following student:

Mrs/Ms/Mr (Applicant’s Family name and First name):

Programme/Specialisation/Final qualification:

OPINION FOR AN EXCELIA FOUNDATION SCHOLARSHIP:

FAVOURABLE:  NON-COMMITTAL:   UNFAVOURABLE:

Please state reasons justifying your opinion **(compulsory)**:

**DECISION OF SCHOLARSHIP COMMITTEE**

FAVOURABLE:  NON-COMMITTAL:   UNFAVOURABLE:

Reason(s) justifying decision:

Signed on (date): ………………….

Name, position, and signature of Excelia Foundation representative:

**SUPPORTING DOCUMENTS TO BE SUBMITTED WITH APPLICATION**

|  |  |  |
| --- | --- | --- |
|  | **Compulsory** | **Depending on your circumstances** |
| **DOCUMENTS RELATING TO YOUR STUDIES** | | |
| Handwritten letter, dated and signed, detailing information about you and your studies (2 pages maximum)  *Tell us…*   * *about yourself, your background, your personality* * *about your study project and your future career plans* * *about your complete study path and your current situation* * *what obstacles you have to tackle* | X |  |
| Curriculum Vitae | X |  |
| Substantiated opinion of your Head of Programme | X |  |
| Copy of academic transcripts for the last 3 years | X |  |
| Copy of any qualifications obtained (higher education) | X |  |
| **DOCUMENTS CONFIRMING THE APPLICANT'S IDENTITY** | | |
| Photocopy of national identity card or passport | X |  |
| Copy of a valid residence permit OR copy of proof of application for residence permit |  | X |
| **DOCUMENTS PROVING FINANCIAL RESOURCES AND OUTGOINGS** | | |
| Photocopy of the **most recent** tax return | X | Of applicant,  parents, partner |
| Documents to prove a change in financial circumstances since last tax return (retirement, unemployment, change of salary) |  | If applicable |
| Copy of conditional, or definitive, awarding of a scholarship |  | X |
| Proof of applicant’s resources: salary (student job), allowances/benefits, loans, financial assistance from family, etc. | X |  |
| Proof of applicant’s outgoings: rental agreement, bills, travel pass, loan repayment schedule, etc. | X |  |
| Applicant’s bank details (known in France as a ***RIB***) | X |  |

**IMPORTANT**

* **Any incomplete or incorrectly completed applications WILL BE REJECTED**

When submitting your application, if you are unable to provide certain supporting documents, please enclose a letter indicating which documents are missing and when you should be able to provide them.

***All documents must be submitted by the closing date for applications.***

* **If a scholarship is awarded, this does not mean that it will be automatically awarded again the following year.**

The Scholarship Committee reserves the right to request additional documents from the applicant, if necessary.

**The decision for awarding a scholarship is based on the following criteria:**

|  |  |
| --- | --- |
| Applicant’s financial and personal situation | 40% |
| Applicant’s motivation and commitment | 30% |
| Applicant’s academic performance/record | 30% |