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| **REPUBLIC OF BULGARIA**  **MINISTRY OF EDUCATUON AND SCIENCE**  **2A Kniaz Doundukov Blvd,**  **1000 Sofia, Bulgaria**  **Phone: +359 2 9217799, Fax: +359 2 9882485**  **http://www.mon.bg** | **Gerb_bw** |
| Study /Research/Scholarship in the Republic of Bulgaria for the Academic Year 202\_/202\_ | |

## APPLICATION FORM

### PERSONAL DATA

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| --- | --- | --- | --- |
|  |  |  |  |
| Family or last name | First name | Middle name |
|  |  | Male 🞏 Female 🞏 |
| Nationality | Date and Place of birth | Gender | Passport photo |
|  |  |  | |
| Street, No. | City, postal code | Country | |
|  |  |  | |
| E-mail | Phone | Fax | |

### List the programme(s) you wish to apply for / TITLE OF PROPOSED RESEARCH PROJECT/STUDY PLAN

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of programme/Research project/Study plan** | **University/Academic institution** | **Proposed date**  **of entry** | |
| **Month** | **Year** |
|  |  |  |  |
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### EDUCATION & PROFESSIONAL BACKGROUND

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| --- | --- | --- | --- |
|  |  | |  |
| University, | Subject/Major Fields | | Academic degree(s) (with date) |
|  | |  | |
| Current position | | Discipline / Subject | |
|  | |  | |
| University / Organization | | Department / Institute / Faculty | |
|  | |  | |
| City, postal code | | Street, No. | |
|  | |  |  |
| E-mail | | Phone | Fax |

**LANGUAGE SKILLS**

|  |  |  |  |
| --- | --- | --- | --- |
| Rate your  English language skills: | \_\_\_\_\_\_\_\_ Native  \_\_\_\_\_\_\_\_ Excellent  \_\_\_\_\_\_\_\_ Good  \_\_\_\_\_\_\_\_ Fair | \_\_\_\_\_\_\_\_ Native  \_\_\_\_\_\_\_\_ Excellent  \_\_\_\_\_\_\_\_ Good  \_\_\_\_\_\_\_\_ Fair | \_\_\_\_\_\_\_\_ Native  \_\_\_\_\_\_\_\_ Excellent  \_\_\_\_\_\_\_\_ Good  \_\_\_\_\_\_\_\_ Fair |
|  | **Speaking** | **Reading** | **Writing** |
| Rate your Bulgarian language skills: | \_\_\_\_\_\_\_\_ Native  \_\_\_\_\_\_\_\_ Excellent  \_\_\_\_\_\_\_\_ Good  \_\_\_\_\_\_\_\_ Fair | \_\_\_\_\_\_\_\_ Native  \_\_\_\_\_\_\_\_ Excellent  \_\_\_\_\_\_\_\_ Good  \_\_\_\_\_\_\_\_ Fair | \_\_\_\_\_\_\_\_ Native  \_\_\_\_\_\_\_\_ Excellent  \_\_\_\_\_\_\_\_ Good  \_\_\_\_\_\_\_\_ Fair |
|  | **Speaking** | **Reading** | **Writing** |

**STUDY/ RESEARCH PLAN**

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| A. List institutions of preference for proposed study/research\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B. Field of study/specialization in Bulgarian host institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  C. Title of study/research project to be conducted in Bulgaria\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  D. Duration of planned stay in Bulgaria\_\_\_\_\_\_\_\_\_\_\_\_\_\_from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E. Do you already have any contacts with a specific scholar/institution?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  F. Name of an advisor in Bulgaria\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ATTACHMENTS**

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| A. Attach a detailed motivation and description of your proposed project. Include in the description what materials are available for it, where they are located, and any other information you consider relevant.  B. Attach a brief curriculum vitae with one photograph. Include academic background, employment history. List all institution(s), field(s) of study, degree(s), year(s).  C. Attach an University Diploma (copy of highest degree earned)  D. Attach a Letter of invitation/acceptance from a Bulgarian Institution (If any)  E. Attach a List of Publications  F. Attach a Medical Certificate |

### DECLARATION

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| By signing my name below, I attest that all information provided in this application and its attachments is accurate to the best of my knowledge. I understand that misrepresentation of these documents may cause my application to be withdrawn and/or any awarded fellowships rescinded. |

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Signature Date (month/day/year)