



MINISTERSTVO ŠKOLSTVÍ,
MLÁDEŽE A TĚLOVÝCHOVY

SCHOLARSHIP APPLICATION FORM

Please type or complete in block letters and submit in duplicate.

Academic year	202 – 202	Photo
Length of visit		
Period	from to	

APPLICANT DATA			
Family name		First name(s)	
Academic Degree(s) and Rank(s)			
Gender		Date and place of birth	
Citizenship		Marital status	
Passport / ID card No., as applicable		E-mail	
		Telephone/Fax	

Permanent residence address	Street, number	City, zip code	Country
-----------------------------	----------------	----------------	---------

Mailing address (if different from above)	Street, number	City, zip code	Country
---	----------------	----------------	---------

Person to be notified in case of emergency (name, address, phone, e-mail)	
---	--

CURRENT EMPLOYMENT

Name and address of employer

Present occupation

EDUCATIONAL BACKGROUND

Highest academic degree awarded

Field / specialiation

LANGUAGE PROFICIENCY

Languages

Skills – please indicate the appropriate level using a scale ranging from 1 (beginner) to 6 (near native speaker level).

Listening

Reading

Speaking

Writing

Czech

English

French

German

.....

.....

PLANNED RESEARCH IN THE CZECH REPUBLIC

Name of the host institution, faculty

Field of research

Working language

- Czech
 English
 German
 French

Have you obtained a letter of invitation from the host institution?

- YES (please attach a copy)
 NO

The main objective of your research stay in the Czech Republic

Have you been a scholarship-holder in the Czech Republic during the past three years? If so, please specify.

Do you wish to be accommodated at a student dormitory?

- YES
 NO

I ATTACH THE FOLLOWING DOCUMENTS:

- Academic CV
- Detailed plan of research
- List of publications

- Passport / ID copy
- Letter of invitation

All documents must be submitted in duplicate and written in or translated into Czech or English.

Nota bene:

- Incomplete scholarship application dossiers and/or inadequately completed scholarship application forms will not be processed.
- The Ministry of Education, Youth and Sport reserves the right to change the requested term of scholarship and/or place any applicant to a course and/or higher education institution different from those indicated in his/her scholarship application form, if the admission as required by the applicant is not possible.

I have been informed of the terms of the scholarship.

I hereby certify that the information given in this application is true and complete to the best of my knowledge.

By filing this application for the MEYS scholarship, I hereby acknowledge that my personal data provided in the application form and attachments thereto submitted for the purpose of selection proceedings as well as for the purpose of my possible later nomination will be processed by the respective diplomatic mission of the Czech Republic, by the Ministry of Education, Youth and Sports of the Czech Republic, by the Centre for International Cooperation in Education and by the appropriate host university or universities in the Czech Republic, to the extent that is necessary to address my application, in compliance with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation). I also hereby acknowledge the fact that my aforementioned personal data will be forwarded to other state authorities in the Czech Republic provided that it is necessary for the processing of my scholarship application, and information on the outcome of my application will be conveyed to the respective nominating agency, i.e. to the appropriate diplomatic mission of the Czech Republic or the respective authority of the foreign state concerned. I also acknowledge that my personal data will be stored in analogue documents as well as in digital form by the Ministry of Education, Youth and Sports of the Czech Republic and by the Centre for International Cooperation in Education for a strictly necessary period stipulated in their respective File Retention and File Destruction Rules.

Place

Date

Handwritten signature