**APPLICATION FORM
FOR NIKOLA ŠOHAJ SCHOLARSHIP
ACADEMIC YEAR 2018/2019**

**1. Applicant’s Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s) |  | First name(s) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of birth |       | Nationality |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sex | [ ]  **Male**  [ ]  **Female**  | Passport number |  |  [ ]  **BIO** |

|  |  |  |  |
| --- | --- | --- | --- |
| Degree level | **[ ]  Bachelor** **[ ]  Master**  | Year of study |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | E-mail |  |

|  |  |
| --- | --- |
| Study program |  |

**2. Sending Institution**

|  |  |
| --- | --- |
| Name | **Igor Sikorsky Kyiv Polytechnic Institute** |

|  |  |
| --- | --- |
| Faculty |  |

|  |  |
| --- | --- |
| Department |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | Country | **Ukraine** |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact person |  | Position |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | E-mail |  |

**3. Supervisor from the Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Department |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | E-mail |  |

**4. Supervisor from the Hosting Institution (Trainee)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Department |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | E-mail |  |

**5. Planned Period of the Mobility**

|  |  |  |  |
| --- | --- | --- | --- |
| From | **24.09.2018** | till | **23.12.2018** |

**6. Language Competence of the Applicant**

The level of language competence in English that the trainee already has or agrees to acquire
by the start of the mobility period is:

[ ]  **A1** [ ]  **A2** [ ]  **B1** [ ]  **B2** [ ]  **C1** [ ]  **C2**

**7. Brief Summary** **of the Proposed Mobility**

|  |  |
| --- | --- |
| Project title |  |

|  |  |
| --- | --- |
| List of Courses |  |

**8. Commitment**

**The sending institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Responsible person’s signature |  | Date |  |

**The hosting institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Responsible person’s signature |  | Date |  |

**The trainee**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee’s signature |  | Date |  |