

**Postdoctoral Scholarships**

Application Form – 10/2024

Academic Year: 2024-2025

Department:

Postdoctoral Advisor:

1. **Personal Information**

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| --- | --- |
| First name: | Last name: |
| Date of Birth: | Gender: |
| Citizenship: | ID/Passport No.: |
| E-Mail Address: | Tel. No.: |
| Address abroad: | |
| Address in Israel: | |
| Present position: | |

1. **Higher Education**

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| --- | --- | --- | --- |
| **Years attended** | **Institute** | **Degree** | **Field and thesis subject** |
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1. **Academic or professional former positions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Institute** | **Position** | **Field** |
|  |  |  |  |
|  |  |  |  |

1. **References (at least one outside the university in which the candidate completed their doctoral studies):**

|  |  |  |
| --- | --- | --- |
| **No.** | **Name** | **Institute and Department** |
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1. **The fellowship will take place at:** Tel Aviv University.
2. **Fellowship duration:**

From: To (approximately, September 2025 the earliest end date):

1. **Research subject:**

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Date: Candidate's signature:

Date: Advisor's signature:

The signatures above certify that the candidate meets the Postdoctoral Fellowship criteria.

In addition, advisor's signature on this form indicates commitment to finance the matching scholarship (50% for Israeli fellow, 100% for international fellow).

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