# **DAFI Scholarship Application Form**

*Only the following pages need to be submitted to UNHCR. If possible, please complete the application form on a computer. The form should be completed by the applicant him/ herself. Be sure that all sections are completed and all supporting documents are provided.* **Please note that *incomplete application will not be processed.***

**Documents to be attached to the application**

|  |  |
| --- | --- |
| Copy of YTK/Foreigners’ ID card - Foreigners’ ID number and status to be visible (mandatory) | Yes  / No |
| Proof of high school completion (mandatory if you are not already enrolled in a university) | Yes  / No |
| YOS result (mandatory) | Yes  / No |
| TOMER certificate or Turkish proficiency certificate (optional) | Yes  / No |
| Proof of acceptance/enrolment at university (mandatory) | Yes  / No |
| Copy of your UNHCR registration document (asylum or refugee certificate) (mandatory) | Yes  / No |
| Copy of your university transcript (mandatory) – indicating your GPA – if in second or higher year of study | Yes  / No |
| Medical report(s) (providing detail of nature of disability) (if available and if relevant) (optional) | Yes  / No |

# **Part I - General information**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| *Please write names exactly as they appear in your Foreigners ID document.* | |

|  |  |
| --- | --- |
| Date of birth | Day: Month: Year: |
| Place of birth | Country: City/Village: |
| Nationalit(ies) |  |
| YTK/Foreigner ID Number |  |
| Marital status | Single  Married  Divorced |
| Sex | Male  Female  Other |

|  |  |
| --- | --- |
| UNHCR casenumber |  |
| Date of entry to Turkey | Year: Month: |

|  |  |
| --- | --- |
| Full current address in Turkey |  |
| Province in which your are currently living |  |
| Cell phone number |  |
| Whatsapp number if different from cell phone number provided above |  |
| E-mail address(es) frequently in use | UNHCR will communicate via email. It is important to check your email regularly. |

# **Part II - Family situation**

1. **Family information**

|  |  |  |
| --- | --- | --- |
|  | Surname | First name |
| Father |  |  |
| Mother |  |  |
| Main caregiver (if different from parent) |  |  |

|  |  |
| --- | --- |
| How many family members are in your immediate family in Turkey, living in the same household? (Immediate family refers to your grandparents, parents, brothers, sisters, spouse and your children) | Adults over 60: \_\_\_\_\_\_\_\_\_\_\_  Adult 18-59: \_\_\_\_\_\_\_\_\_\_\_  Children below18: \_\_\_\_\_\_\_\_\_\_\_ |
| How many people are living in the same household? |  |
| Number of people in your immediate family who are working regularly and earning an income: |  |
| Please indicate your family’s estimated monthly income (in TL) including all grants and cash assistance you may receive: |  |
| Does your family receive financial assistance through the Kizilay Card? |  |

1. **Please provide the following information. Check what applies:**

* Parents live in home country
* Parents live in country of asylum
* Parents live in another country
* Mother died
* Father died
* Both parents died
* If other, please explain: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Sibling information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | First name | Brother or Sister | Age | Occupation (please indicate if the sibling is enrolled in school, university or a training program) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Dependent information**

*Provide information about your spouse, children, and/or other dependents.*

* **Not applicable**

|  |  |  |
| --- | --- | --- |
| Last name: | | First name: |
| Relationship (spouse, child, etc.) |  | |
| Age |  | |
| Date of birth | Day: Month: Year: | |
| Place of birth | Country: City/Village: | |
| Current residence | Country: City/Village: | |
| Last name: | | First name: |
| Relationship (spouse, child, etc.) |  | |
| Age |  | |
| Date of birth | Day: Month: Year: | |
| Place of birth | Country: City/Village: | |
| Current residency | Country: City/Village: | |

1. **Specific needs**

*Please indicate if you or another close family member are living with a disability or serious medical condition or any other special circumstances that should be taken into account. If you have a disability or serious medical condition, please include a medical certificate with your application.*

* **Not applicable**

|  |  |
| --- | --- |
| Do you have any kind of physical disability that should be taken into account during university placement?  If yes, could you please provide us with a little more information on the nature of the disability?  **Attach medical reports to your application** | Yes /  No |
| If yes, do you need any specialized support as a result of this disability? (e.g. sign language interpretation, assistance accessing buildings due to wheelchair use, etc.)  If yes, could you please state the nature of assistance required: | Yes /  No |

# **Part III - Academic background**

1. **High school**

|  |  |
| --- | --- |
| Period in High School | from (mm/yyyy): to (mm/yyyy): |
| Place | Country: City: |
| School/Institution name |  |
| Year in which you left high school |  |
| GPA/Average – school leaving certificate |  |
| Official/certified copy of the high school diploma attached | Yes/No:  *If no, please explain why not:* |
| If applicable: Equivalence certificate attached from Ministry of Education of country of asylum  Only required if you are not already enrolled in university. | Yes/No:  *If no, please explain why not:* |

1. **Higher education**

|  |  |
| --- | --- |
| Are you currently enrolled in a Turkish university? | Yes /  No  If yes, please fill the below noted questions, if no, please proceed to the next section |
| Period of study | from (mm/yyyy): to (mm/yyyy): |
| Number of semesters completed |  |
| Name of university and city: |  |
| Degree programme and department of study: |  |
| Language of study: |  |
| GPA obtained in last semester |  |
| Official/ certified copy of the results attached | Yes/No:  *If no, please explain why not:* |

|  |  |
| --- | --- |
| **Have you applied for any other scholarships for this year of study?** | Yes  No |
| **Please indicate name of scholarships for which you have applied FOR THIS ACADEMIC YEAR:** |  |
| **Have you previously been awarded any other scholarship for study in Turkey (other than UNHCR’s Higher Education Grant)?**  **If yes, please provide details:** | Yes  No |

1. **Language Proficiency**

*Please mention the language level (native (N), excellent (E), good (G), and basic (B)) for each category:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Languages | Comprehension | Reading | Writing | Speaking | Proficiency certificate (yes/no) |
| **Turkish** |  |  |  |  |  |
| **English** |  |  |  |  |  |

|  |  |
| --- | --- |
| **TOMER Certificate Level (A1, A2, B1, B2, C1)** | B1  B2  C1 |
| **University Foreign Language Certificate (YDS) Score from Turkish university (if available):** |  |
| **IELTS / TOEFL (level) (if any):** |  |

1. **Professional experience/Employment**

|  |  |
| --- | --- |
| **Have you completed any internships?**  If yes, name and location of the company:  Duration/Dates: | Yes  / No |
| **Have you been employed before?**  If yes, name and location of the company:  Duration/Dates: | Yes  / No |
| **Are you currently working?**  If yes, name and location of the organisation:  Duration/Dates:  Full time/ part time  Number of hours per week | Yes  / No |
| **Have you done any volunteer activities?**  If yes, name of the organisation/ NGO:  Duration/Dates: | Yes  / No |

1. **Letter of motivation**

**Part I:** Please prepare a letter of motivation (at least 300 words) that outlines why you selected your current course of study, and what you would like to do after your studies.

* Your motivation to select your current course of study,
* Your motivation to study, professional aspirations, and plans for the future,
* Your personal, family, and/or social situation which would justify the award of the scholarship,
* Any specific details concerning your situation such as the lack of documentation and certificates.

Your letter should provide the scholarship committee with a clear sense of your interests, personality and hopes for the future. Do not worry about making grammatical mistakes!

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**Part II:** Have you been involved in any community activities volunteer programmes? Please provide information that will help us learn something more about you and your leadership potential.

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|  |  |
| --- | --- |
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| Copy of your university transcript (mandatory) – indicating your GPA – if in your second or higher year of study | Yes  / No |
| Medical report(s) (providing detail of nature of disability) (if available and if relevant) (optional) | Yes  / No |

**Part VI - Information certification**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that my statements in response to the above questions are true, complete and accurate. I understand that any false information provided in this application will affect my chances of selection and being awarded the scholarship. I undertake to inform UNHCR of any significant changes to my circumstances without delay.

I certify that I have read and understood the terms and conditions of the DAFI scholarship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Place and date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Full name Applicant signature*

**Part VII - Declaration of Consent**

With my signature, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare the following:

* I take note that UNHCR will share personal data contained in this application form with a DAFI Selection Committee. The Selection Committee will use the data for the preparation and conducting of interviews and the selection of candidates for the DAFI scholarship, endorsing decisions on repetition or termination of scholarships and general monitoring purposes.
* The members of the DAFI Selection Committee are representatives from a variety of institutions and organisations which may include UNHCR, the German Embassy, the relevant academic institution, the competent Ministry of Higher Education/ other government office, NGOs (national, international) active in the education and/or youth programmes and livelihoods sectors, private or public sector representative, other NGOs/UN agencies, other organizations involved in higher education. All members of a DAFI Selection Committee engage in respecting the confidentiality of the personal data contained in this application form.
* I understand that, apart from the above, UNHCR will keep all my personal data confidential.
* I can request access to / correction and deletion of my personal data or object to its further processing. I understand that in the event of objection to further processing of data during the selection process, it may impact my ability to proceed in the DAFI scholarship selection process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Place and date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Full name Applicant signature*