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|  | **Please attach your**  **recent photo** |

**REMENA Scholarship Application Form 2024\_2**

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| General Information This application form for scholarship support is to be sent to [remena@uni-kassel.de](mailto:remena@uni-kassel.de) by July 15, 2024. |

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| SURNAME, FIRST NAME | NATIONALITY |
| Click here to fill in text. | Click here to fill in text. |

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| PERSONAL DATA  \*Note, that NO additional funding is feasible for any family members listed in the application below. | |
| Surname | Click here to fill in text. |
| First Name(s) | Click here to fill in text. |
| Academic Title | Click here to fill in text. |
| Sex | Male  Female |
| Date of Birth |  |
| Place of Birth | Click here to fill in text. |
| Country of Birth | Click here to fill in text. |
| Marital Status\* | Married\*  Single  Children\*  Yes  No  If yes, how many Click here to fill in text. |
| Country of Permanent Residence | Click here to fill in text. |
|  | |
| *Permanent Address*  (Mailing address where you may be contacted at any time until taking up a possible scholarship) | |
| Street, Number | Click here to fill in text. |
| Post/Zip Code, City, County/Province/State | Click here to fill in text. |
| Country | Click here to fill in text. |
| Phone Number (including Area Code) | Click here to fill in text. |
|  | |
| *Present Address* | |
| Street, Number | Click here to fill in text. |
| Post/Zip Code, City, County/Province/State | Click here to fill in text. |
| Country | Click here to fill in text. |
| Phone Number (including Area Code) | Click here to fill in text. |

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| SECONDARY SCHOOL EDUCATION | | | |
| Name of school | From (month/year) | To (month/year) | Date and type of final examination |
| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
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| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |

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| HIGHER EDUCATION | | | |
| University/Institution | From (month/year) | To (month/year) | Subject |
| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
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| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
|  | | | |
| Currently affiliated with (university/institution) | Click here to fill in text. | | |

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| DEGREE(S) HELD | | | |
| Date of issue (day/month/year) | Exact degree title | Subject | Degree result |
| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
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| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
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| Degree(s) expected before taking up a possible scholarship  Click here to fill in text. | | Expected date of final examination  Click here to fill in text. | |

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| PRACTICAL OR PROFESSIONAL WORK EXPERIENCE DURING OR AFTER HIGHER EDUCATION | | | |
| From … to … | Where? | Type of work | Position/professional status |
| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
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| Click here to fill in text. | Click here to fill in text. | Click here to fill in text. | Click here to fill in text. |
|  | | | |
| Present professional occupation | Click here to fill in text. | | |

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| Have you been sponsored by other institutions in the past? | Yes | If yes, give exact dates and title of program/institution  Click here to fill in text. |
| No |

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| Are you currently applying to other institutions for a scholarship? | Yes | If yes, name of institution  Click here to fill in text. |
| No |

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| What professional career do you envisage? | Click here to fill in text. |

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| What are your extracurricular interests? | Click here to fill in text. |

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| Other information/remarks which seem important to you in connection with this application/ Please provide any other information that you consider important for the evaluation of your candidature  Click here to fill in text. |

I certify that the the information provided in this application is accurate, complete and to the best of my knowledge. Furthermore I agree to inform the REMENA Master Program immediately of any changes and amendments.

### Data protection release:

I hereby release REMENA Master program at Universität Kassel from data protection of my personal data in the framework of this scholarship application for obtaining funding for my REMENA studies, and agree that my application documents and transcripts of records may be send to the funding organization(s), if requested.

Place, Date Signature

### Deadline for applications:

### July 15, 2024, for online application via [remena@uni-kassel.de](mailto:remena@uni-kassel.de).