

IMET2000-PAL Scholarship Application Form

Section 1: Personal Information

Full Name (As written in the Passport):	
Full Name (In Arabic):	
Passport Number:	
ID Number:	
Address (City, Country):	
Date of Birth (DD/MM/YYYY):	
Nationality:	
Marital Status:	
Occupation:	
Place of Work:	
Email:	
Phone Number:	
Do you have a license to practice your profession in Palestine? (If yes, provide the date of issue)	<input type="checkbox"/> Yes, _____ <input type="checkbox"/> No
Do you have a disability?	<input type="checkbox"/> Yes, _____ <input type="checkbox"/> No

Section 2: Academic Background

Please fill out the following table with information regarding your formal education.

High School (Tawjihi/equivalent)					
School Name	Country	Year	Stream	Grade %	
Undergraduate Education (University/College)					
University	Faculty	Country	Program/Subject	Year of Graduation	Grade % or GPA

Please fill out the following table with information regarding your postgraduate education (if none, please leave empty).

Postgraduate Education (Diploma, MSc, PhD, etc.)					
University	Faculty	Country	Program/Subject	Year of Graduation	Grade % or GPA

List other relevant professional training (Degrees, Diplomas, Electives, and Clinical Attachments) (Up to 3, if none, please leave empty).

Date	Name of the Training Provider	Subject/Program	Grade %	Scholarship or Self-funded

Fill the following table with information related to your research activity (if none, please leave empty).

Research & Publications				
Number of Publications	ORCiD	Scopus ID	Google Scholar Link	ResearchGate Link

Section 3: Employment

List your employment history for the last 3 years, including full-time and part-time jobs (if none, please leave empty).

From (Date)	To (Date)	Name of the Employer	Country	Position/Role

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Section 4: Scholarship

Please fill out the following table with details related to the program/degree you are applying for.

Degree to Pursue:	<input type="checkbox"/> Medical Specialisation in _____ <input type="checkbox"/> PhD in _____ <input type="checkbox"/> MSc in _____ <input type="checkbox"/> Fellowship in _____ <input type="checkbox"/> Other
Institution (Name and address):	
Type of the Scholarship:	<input type="checkbox"/> Full <input type="checkbox"/> Partial
Expected Study/Training Duration:	
Proposed Starting Date:	
Modality of the Training Program:	<input type="checkbox"/> In Person <input type="checkbox"/> Online (Distance Learning)
Do you have any funding <u>secured</u> from other charities or institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
Do you have any funding <u>planned</u> from other charities or institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

Please fill out the table below with details regarding the budget of your training program:

Detailed Budget		
Item	Justification	Amount in \$
Listed Program Fees/Tuition (If any)		
Estimated Travel & Transportation Expenses		
Estimated Living Expenses		
Estimated Accommodation Cost		
Total Amount Requested		

Section 5: Motivation

Please fill out the following section, highlighting why you should be awarded this scholarship.

What is your motivation to apply for this scholarship?
Why do you feel you are a good candidate for the scholarship?
(Max 300 words)

What are your career plans? And how will this scholarship help you achieve them? (Max 300 words)

Section 6: Declaration and Supporting Documents

I certify that the information provided in this application form is correct and complete.

Applicant's Signature	Date

Required Supporting Documents:

- 1) Offer Letter or Acceptance Letter from the University/Hospital.
- 2) The official program fee/tuition request, if applicable
- 3) Curriculum Vitae (CV) (Max 3 Pages)
- 4) Official transcripts of all post-secondary studies.
- 5) Two Original Recommendation Letters (Written specifically for this scholarship).
- 6) One personal photo.
- 7) Copy of a valid passport.

Note: Please make sure to send all the supporting documents attached to the application form. If any required supporting documents are missing, the application will be automatically rejected.

Please send a PDF copy of your filled out application form along with the required supporting documents by email to palimet2000@gmail.com or info@imet2000-pal.org.

IMET 2000 PAL

International Medical Education Trust - Palestine

For Office Use ONLY

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Date Received:		Received By:		Scholarship Award:	
Reviewed By:		Approved By:		Need/Merit:	
