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| HMC Projects Scholarship Programme2019 Croatia |
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**Application Form**

(Please read the information on the instructions document before you fill in and submit this form.)

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| **A. Personal Information.** |
|  |  | PHOTO*Replace the text in this cell with a recent digital passport-style photograph of yourself taken during the last year.* |
| First name, second name and family name **🡭** | Prefer to be called **🡭** |
|  |  |
| Date of Birth (e.g. 20th September 2002) **🡭** | Sex [**M** or **F**]**🡭** |
|  |  |
| Place of Birth **🡭 (town/city)** | Country of Birth **🡭** |
|  |
| Full Home Address **🡭 (Street, No., block, etc.)** |
|  |  |
| City/Town **🡭**  | Postal Code **🡭** |
|  |  |  |
| Phone (Home) **🡭****(country code, city code, number)** | Phone (Mobile) **🡭****(country code, number)** | **E-mail** **🡭** |
|  |  |
| Country of Citizenship **🡭** | Nationality **🡭** |
| **B. Education.** |
|  |
| Full Name of school you attend (in English) **🡭 (+ city/town)** |
|  |
| Full Name of school you attend (in your language, if different) **🡭(+ city/town)** |
|  |
| Name of Head/Principal **🡭** |
| Type of School 🡺 | **Type: [Public or Private]** 🡺 |  |
| School specialism: **[General, Classical, Science or Bilingual]** 🡺 |  |
|  |  |
| \*If Bilingual (some subjects taught in a foreign language), state in which language(s). **🡭** | In what year will you finish secondary education? **🡭** |
| Previous schools🡺 | **School name + city/town** | **Public/Private** | **Bilingual?** | **Started (year)** | **Finished (year)** |
|  |  |  |  |  |
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| **C. Languages.** |
| Language | How many years? | Hours per week | Course: [School or Private] | Grades/scores |
| English |  |  |  |  |
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| **D. Academic, Extracurricular And Personal Interests.** |
| In the UK most A Level students start with three or four subjects. Please check the advice we give in the further information and then list the three or four subjects that you would most like to study: **🡫** |
|  |
| List the academic honours/awards you have won in the last 3 years, if any: **🡫** |
|  |
| List the **current** sports (athletic activities) that you play and for how long (Note team, position, prizes won, if any): **🡫** |
|  |
| List the **current** performing and visual art forms that interest you the most and in which you **participate**. (Note any instrument you play; choir/band/orchestra to which you belong; dance/ theatre group; painting, drawing, photography, etc. and for how long).Please note any awards you have won during the last three years. **🡫** |
|  |
| List the clubs, organisations or community service groups to which you belong – not only within the school but also outside school. (Note how long you have been involved, the purpose of the group, and your role in it.) **🡫** |
|  |
| What field of study or future career are you considering? **🡫** |
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| Have you spent more than one month in a western country? If yes, where, when and how long? **🡫** |
|  |
| What **three words** would you choose to describe yourself? **🡫** |
|  |
| **E. Programme Preference.** |
| We ask that you to state which scholarship programme you wish to be considered for. This helps the interviewers a great deal and does not influence your selection for a scholarship.Please read the notes about eligibility for a full scholarship carefully before completing this section. |
| Scholarship type | Choice |
| HMC **full** scholarship [**Yes** or **No**] |  |
| HMC **reduced fee** scholarship [**Yes** or **No**] |  |

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| **F. Family Information.** |
|  | **Father** | **Mother** |
| Parents Name in Full 🡺 |  |  |
|  | [**Living** or **Deceased**] 🡺 |  | [**Living** or **Deceased**] 🡺 |  |
| [**Together**, **Separated** or **Divorced**] 🡺 |  |
| Name of Step-parents (if applicable) 🡺 |  |  |
| Full Home Address 🡺(City, postal code, Street, No.) |  |  |
| Telephone 🡺 (Country code, city code, number) |  |  |
| Mobile Phone 🡺(country code, number) |  |  |
| E-mail 🡺 |  |  |
| Profession 🡺 |  |  |
| Employer 🡺 |  |  |
| Work phone, if applicable 🡺(Country code, city code, number) |  |  |
| **Brothers and sisters** |
| Name | Sex [**F** or **M**] | Age | Occupation | Living at Home?[**Y** or **N**] | Participated in this program? [**Y** or **N**] |
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| ***If you have friends or relatives in the UK please provide their full name, relationship, and address:* 🡫** |
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| *Please write in your own handwriting the following statement:***My signature below indicates that all the information given is complete and correct to the best of my knowledge, and the essay is my work alone.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature (of applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| HMC Projects Scholarship Programme2019 Croatia |
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**Statements**

|  |  |
| --- | --- |
| **Full Name of Applicant** |  |

|  |  |
| --- | --- |
| **Name of Male Parent or Guardian** |  |
| **Name of Female Parent or Guardian** |  |

***To be signed by parents or guardians of ALL applicants***

*As the parent or guardian of the above-named candidate:*

* *I agree that my son/daughter will be an applicant for a scholarship through HMC Projects.*
* *I have read and understand the paper titled “Information for Parents” giving details of the general arrangements for my son or daughter to take up a scholarship at a school in the United Kingdom.*
* *I give my agreement for my son/daughter (if selected) to be nominated to a school for a full scholarship for the academic year starting September 2019 and I understand that I shall subsequently be asked by the school to sign the normal forms of agreement with them.*
* *I agree that the Contact Person nominated by the School may act on my behalf to make suitable arrangements for my son/daughter when the school is closed during term-time. These arrangements may include independent travel in Great Britain.*
* *I understand and agree that I will pay an administrative fee of £1400 towards my son’s/daughter’s scholarship if he/she is selected for a full scholarship through HMC Projects. The deadline for payment is 1st July 2019.*
* *I understand that any extension of the scholarship into a second year is entirely at the discretion of the school offering a scholarship place.*

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| Signature of Male Parent or Guardian | Signature of Female Parent or Guardian | Date |

***Also, to be signed by parents or guardians of applicants applying for a FULL scholarship***

*As the parent or guardian of the above-named candidate who is applying for a* ***full scholarship****, I confirm that total parental income during 2018 will not exceed the equivalent of £30,000.*

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| Signature of Male Parent or Guardian | Signature of Female Parent or Guardian | Date |

**Please note:**

**Those candidates selected for interview for a scholarship will be required to complete a parental income declaration form.**

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| **Health Declaration** |
| To be completed by the applicant’s parent(s) or legal guardianPlease answer the following questions about state of health of your son/daughter and provide any extra information or detail which may be relevant. |
| Question |  | Answer |
| Is your son/daughter in good health?  | [**Yes** or **No**] |  |
|  | If no, please give details 🡫 |
|  |  |
| Is he/she is currently protected by immunisation from MMR(Measles, Mumps and Rubella, Polio and Tetanus)?  | [**Yes** or **No**] |  |
| During the past five years has he/she received hospital treatment for any operation or condition? | [**Yes** or **No**] |  |
|  | If yes, please give details 🡫 |
|  |  |
| Does he/she currently have any medical conditions?  | [**Yes** or **No**] |  |
|  | If yes, please give details 🡫 |
|  |  |
| Is your son/daughter at present receiving medical or psychological treatment for any condition, except those named above? | [**Yes** or **No**] |  |
|  | If yes, please give details 🡫 |
|  |  |
| Does he/she have any medical or psychological problem known to you which may require specialist or hospital treatment? | [**Yes** or **No**] |  |
|  | If yes, please give details 🡫 |
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|  |  |  |
| Signature of Male Parent or Guardian | Signature of Female Parent or Guardian | Date |

**School Grades**

**Please enter your school grades (1-5) from your school reports for your last class and your current class into the subject table below using the following grade convention:**

|  |  |  |
| --- | --- | --- |
| Grade |  |  |
| 5 | odličan | excellent |
| 4 | vrlo dobar | very good |
| 3 | dobar | good |
| 2 | dovoljan | sufficient |
| 1 | nedovoljan | insufficient |

**If a subject is not in the list then please enter the subject and the grade(s) in a blank row.**

|  |  |  |
| --- | --- | --- |
| **Subject** | **Predmet** | **Grades** |
| **Compulsory subjects -**  **Obvezni predmeti** | **Previous Class** | **Current Class** |
| Croatian language | Hrvatski jezik |  |  |
| English language | Engleski jezik |  |  |
|  German language |  Njemački jezik |  |  |
|  Latin language |  Latinski jezik |  |  |
|  Italian language |  Talijanski jezik |  |  |
| Music | Glazbena umjetnost |  |  |
| Art | Likovna umjetnost |  |  |
| History | Povijest |  |  |
| Geography | Geografija |  |  |
| Mathematics | Matematika |  |  |
| Physics | Fizika |  |  |
| Chemistry | Kemija |  |  |
| Biology | Biologija |  |  |
| Information and computer technology | Informatika |  |  |
| Physical Education | Tjelesna i zdravstvena kultura |  |  |
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| **Elective subjects - Izborni predmeti** |  |
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**Personal essay:**

Please type your personal essay of between 750 and 1000 words on this page and then sign the declaration below:

I declare that this essay is entirely my own work. (signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_