## <u>Open Society Foundations/ University of Oxford Scholarships</u> <u>Eligibility Requirements Self-Assessment Form</u>

You should complete this form if you are applying for an Open Society Foundations/University of Oxford Scholarships. By checking off the boxes below, you will confirm that you have read the guidance notes for applicants, understand the eligibility requirements and selection process and are prepared to submit a complete application form with all required supporting documents. This form should be attached to your application once completed and signed below.

FAMILY NAME (BLOCK CAPITALS):	FIRST NAME(S) (BLOCK CAPITALS):
Please read the statements below and tick the boxes on the right to	ndicate whether each of these statements is true or false of you

A. I must be a national of and resident in one of the eligible countries during true 🗆 false 🗆 the academic year in which I apply for the award (I am considered resident even if I am temporarily out of the country for a total period of less than three consecutive months.). B. I already hold or am expecting to hold by the time of taking up the award, if true 🗆 false 🗆 my application is successful, a degree of an equivalent standard to a BA with good marks. C. I am not a recipient of any other Open Society Foundations fully funded true 🗆 false 🗆 scholarship for the 2011-2012 academic year, D. I have passed or will sit for a TOEFL/IELTS test to obtain a required score true 🛛 false 🗆 by the time of taking up an award (a test will be organized by the Sponsors for those applicants who are short-listed after the interviews). E. I understand that the Sponsors of the scholarship will give preference to true 🗆 false  $\Box$ applicants who have not studied outside of their home region. F. I am not a current employee/ or employees' relative of any Open Society true 🗆 false 🗆 Foundations representations directly working with Open Society Scholarship Programs in the region or the participating university and have not been employed by either of them within the last 2 years. If you marked all of the above statements as true, you are eligible for the program. Please submit your

application. If you marked any of the statements above as false, please, be advised that you may be ineligible for the program but you can still submit your application if you still wish for it to be considered. Should you have any questions concerning any of the criteria listed above, please, contact your local scholarship coordinator.

## Please make sure that you attach a copy of this form to each submitted scholarship application form.

By signing this form I confirm that the information provided above is correct.

Signature

Date