

- The Selection Sub-Board reserves the right to modify Program requirements and selection criteria annually;
- The scholarship provides support towards only one year of academic study, and there is no possibility of automatic renewal or extension. It may be possible to apply for scholarship support for subsequent academic years following the current one, with the conditions that will be in effect at that time; notice on the availability of future scholarship support, if any, and the relevant conditions and requirements will be published on the website www.romaeducationfund.org.

If selected for the Roma Health Scholarship Grant in 2009-2010 academic year:

1. You agree that you shall receive the Grant in two installments. Second installment will be transferred by the Program upon receiving the Grade point average and status reports upon completion of the first academic semester;
2. You agree that you shall use the Grant to pay for your academic expenses (*i.e.*, tuition fees, exam fees, etc.) , part of your living expenses, and/or other expenses related to your studies as indicated in your approved budget (travel, books, materials, health insurance etc);
3. You agree that you shall undertake a full-time academic medical degree program at the university designated in your application materials; (in case of Vocational medical education part-time education mode may be considered);
4. You agree that if you alter your major or change Medical University or vocational school at any time of the academic year covered by the Roma Health Scholarship, or if you discontinue your education, you must inform the Grantor's appointed administrator in writing within 30 days after the occasion;
5. You agree that you shall submit a written Report with a detailed description of academic achievements, activities and other relevant information and a copy of a Diploma if graduating from the degree program.
6. You agree to and accept the fact that the Grantor reserves the right to request confirmation and/or any additional information during the application/Report screening process from university, recommender or yourself, and the failure to obtain such confirmation may result in your elimination from the Scholarship.
7. You hereby irrevocably authorize the Grantor to handle and disclose your personal information for program publicity, networking, information exchange and administration purposes.
8. You agree to and accept the fact that the Grantor reserves the right to withdraw the Grant and/or withhold the payment if a) the funds are used for a purpose other than those set forth herein or b) if the Grantor determines that you are not complying with or fulfilling the terms or purpose of this Grant or c) if the Grantor determines that such action would be in the best interest of the Program or d) the support provided by the scholarship is used in such a manner which is not consistent with the charitable purpose of the Grant.
9. You agree to and accept the fact that the Grantor reserves the right to withdraw you from competition or terminate the Grant any time during Grant-covered year if the case of document forgery or falsification is found.

In case of failure on your part to comply with the RHSP Grant terms and conditions, you may become ineligible to receive support from REF or any entity connected to REF network in future.

If you agree to accept all foregoing terms and conditions of receipt of the Roma Health Scholarship, please acknowledge your consent by signing below where indicated.

I agree with the terms and conditions as set out and referred above.

Date: _____

Signature: _____

Date of Birth: _____

Passport or ID Number:

Country of Issue of Passport or ID:

Mother's Maiden Name:
