

(translated from original Greek text)



CYPRUS STATE SCHOLARSHIP FOUNDATION

**STATE SCHOLARSHIPS
FOR UNDERGRADUATE AND POSTGRADUATE STUDIES
IN CYPRUS AND ABROAD
FOR THE ACADEMIC YEAR 2017/18**

APPLICATION number CSSF 87

(Instructions for the correct completion of the application form are set out in
Announcement number 411)

**Closing date and time for submissions:
27 October 2017, 2:00 pm**

Applications that are incomplete will be rejected

1. Carefully perusing **Announcement number: 411**, is a necessary prerequisite for the correct completion of this Application. Therefore, in order to avoid any errors and omissions, you are kindly requested to carefully peruse the text of the Announcement and then proceed with completing your Application, in accordance with the instructions and observations entered thereon, so that it is not incomplete. It is emphasised that it is necessary to present the required supporting documentation with your Application so that your participation in the assessment and selection procedure is feasible and valid.

2. Only complete applications will be evaluated. Any applications that are not duly completed and/or do not satisfy the requisite terms and conditions and/or are not accompanied with the requisite supporting documentation/certificates will not be accepted. It is the responsibility of the person concerned to hand over or send the complete application to the Foundation in time, duly completed and accompanied by all requisite supporting documentation.

3. Only complete applications will be accepted and as a confirmation the applicant will be handed over or sent by post a relevant acknowledgment of receipt bearing the seal of the Foundation.

4. Any applications that are sent through post in time but are not duly completed and/or do not satisfy the requisite terms and conditions and/or are not accompanied with the requisite supporting documentation/certificates will be rejected without any notice on behalf of the Foundation.

5. For an Application to be considered **complete**, the following must necessarily be completed (where applicable for each candidate):

FIRST PART: I. Particulars of Applicant II. Particulars of Studies

SECOND PART : A. Undergraduate Studies: I. Academic Criteria II. Additional Criteria

SECOND PART: B. Postgraduate Studies: I. Academic Criteria II. Additional Criteria

THIRD PART: Socio-economic Status and State of Health

APPENDIX A: A Signed Affidavit (before the District Court) as to assets of the family. The affidavit is an integral part of the Application and must bear the official signature and seal of the Registrar. If not, the application will be rejected without notice, even if all other requisites for submission are met.

APPENDIX B: Signature consenting to collection and processing of personal data (L. 138(I)/2001)

APPENDIX C: Certified and Signed Special Power of Attorney

APPENDIX D: Confirmation from a Bank/Cooperative Credit Institution of the International Bank Account Number (IBAN) of the student

APPENDIX E: Signed authorisation form for authorised credit institutions

APPENDIX F: Signed solemn declaration as to the accuracy and validity of the particulars/ documents submitted.

6. The last date for submission of applications is **Friday 27 October 2017, at 2:00 pm**. Applications and all attached documents must be handed over to the Secretariat of the Cyprus State Scholarship Foundation or sent by registered mail to the following **address:** Cyprus State Scholarship Foundation, 7 Florinis Street, Greg Tower, 3rd floor, 1065 Nicosia **or** P.O. Box 23949, 1687 Nicosia.

7. The date and time for submission of applications must be strictly adhered to. Applications submitted out of time will not be accepted. Furthermore, particulars/certificates and other documents, that are submitted after the expiry of the date for submission of applications, including the final decision of the Board of Directors of the Foundation for a scholarship for the academic year 2017/18, shall not be accepted. Whether applications sent by post are considered as applications submitted in time shall be determined by the clear seal of the post office.

8. The applicants concerned may obtain further information on 22456433 or by e-mail at the following address: ikyk@ikyk.org.cy.

9. Announcement number 411 and this Application bearing number IKYK 87 (CSSF 87) may be found on the website of the Foundation at the following address www.cyscholarships.gov.cy.

FIRST PART
I. PARTICULARS OF APPLICANT

Full name:

Date of Birth: (Please attach a copy of the Birth Certificate)

Nationality: Identity Card Number:
(please attach a copy of the identity card)

Family Status: Married Unmarried

Permanent residential address:

District: Post Code

Contact Numbers: Land line: Mobile (of applicant):

Mobile (father/ guardian): Mobile (mother/ guardian):

Email address (of applicant):

Email address (of parent or other person):
(please state capacity)

Military status (for male applicants):

Completed Discharged Suspended

Please state the grounds for discharge or suspension:

.....
(please attach a copy of the Certificate of Military Service Type 'A')

Full name of father: Identity Card number:
(please attach a copy of the identity card)

Family Status of Father: Married Unmarried Divorced Widower

Occupation of father in 2016:

Employee Self-employed Pensioner Other

Full name of mother: Identity Card number:
(please attach a copy of the identity card)

Occupation of mother in 2016:

Employee Self-employed Pensioner Other

Family Status of Mother: Married Unmarried Divorced Widow

FIRST PART
II. PARTICULARS OF STUDIES

Name of University/ Educational Institution:

Country of Studies:

Field of Studies:

Year of Beginning of Studies: Date of Beginning of Studies:

Normal Duration of Studies in years: Year of Studies:

Date of enrolment for academic year 2017/18:

(please attach a copy of the certificate of enrolment from the University)

Level of Studies: **Undergraduate** Studies

Postgraduate Studies

Programmes: A B1 B2

In a University in Cyprus

B3 B4

In a University abroad

Attendance: **Full-time**

Part-time

I receive another scholarship from a Ministry of other State services of the Republic for the academic year 2017/18: YES NO

(If yes, fill in the following)

Source of Scholarship: Annual Amount:

Duration of scholarship: From: Until:

(please attach a copy of the relevant confirmation)

Previous Studies: YES NO

(If yes, fill in the following)

Name of University/ Educational Institution:

Level of Studies: Period of Studies:

Obtainment of **undergraduate/ postgraduate degree:** YES NO

(If yes, please attach a copy of the undergraduate/ postgraduate degree)

Permanent Residence

During the three years before my studies began, my family and I resided for a continuous period of at least 30 months and we still permanently reside up to present date, in areas controlled by the Republic:

YES NO

SECOND PART

A. To be completed **only** by applicants for **undergraduate** studies.

I. ACADEMIC CRITERIA

Grade of Public Secondary Education School Leaving Certificate:

Grade of Public Technical School Leaving Certificate:

Grade of Private Secondary Education School Leaving Certificate
of the same type as for public schools:

Grade for School Leaving Certificate and GCE A-levels
of Private Secondary Education graduates
of a similar type as for public schools:

School Leaving Certificate Grade:

G.C.E. A-Level:	1.....	Grade	.....
	2.....		.....
	3.....		.....
	4.....		.....
	5. ....		.....
	6. ....		.....

School Leaving Certificate Grade and International Baccalaureate Diploma (IBD)
of Private Secondary Education graduates

of a similar type as for public schools: School Leaving Certificate Grade:

IBD – Advanced Level subjects:	1.....	Grade	.....
	2.....		.....
	3.....		.....
	4.....		.....

IBD – Standard Level subjects:	1. ....	.....
	2. ....	.....
	3. ....	.....

Please attach copies of the High School Leaving certificate and the other academic criteria.

II. ADDITIONAL CRITERIA

Please mark with a **✓** where applicable:

(i)	Participation or Distinction in Mediterranean, Pan-European and International Athletic Games, or participation in a distinguished sports team at a National Level during the 2 nd and 3 rd year of High School.	
(ii)	Participation or Distinction in Global/Pan-European Olympics (Physics, Chemistry, Mathematics, Computer Science, Accounting, Biology), and/or in Balkan Olympics during the 2 nd and 3 rd year of High School.	
(iii)	Participation or Distinction in International or Pan-European Music Competitions, during the 2 nd and 3 rd year of High School.	

Please attach copies of all relevant confirmations/certificates from the competent Bodies/ Organisations/ Authorities and not from the Educational Institutions.

SECOND PART

B. To be completed **only** by applicants for **postgraduate** studies

I. ACADEMIC CRITERIA

First University Diploma

Educational Institution:

Evaluation of Degree Classification (e.g. 'VERY GOOD'):

Numeric Degree Grade (e.g. '6.50/10'):

Second University Diploma (if any)

Educational Institution:

Evaluation of Degree Classification (e.g. 'VERY GOOD'):

Numeric Degree Grade (e.g. '6.50/10'):

Please attach a copy of the University(Universities) Degree(s) and other academic criteria.

II. ADITIONAL CRITERIA

Please mark with a ✓ where applicable:

(i)	Publications in International Scientific Periodicals of recognised standing and peer reviewed.	
(ii)	Proceedings of International Conferences of recognised standing and peer reviewed.	
(iii)	Participation or Distinction in Mediterranean, Pan-European and International Athletic Games, or participation in a distinguished sports team of a National Level during undergraduate studies.	
(iv)	Participation or Distinction in Global/ Pan-European Olympics during undergraduate studies.	
(v)	Participation or Distinction in International or Pan-European Music Competitions, during undergraduate studies.	

Please attach copies of all relevant confirmations/certificates from the competent Bodies/ Organisations/ Authorities and not from the Educational Institutions.

THIRD PART

To be completed by **all** applicants

SOCIO-ECONOMIC STATUS AND STATE OF HEALTH

1. 'Family' means:
 - (a) The parents of the applicant and their joint children living under the same roof; or
 - (b) An unmarried, widower or divorced father and his children living under the same roof; or
 - (c) An unmarried, widow or divorced mother and her children living under the same roof; or
 - (d) A student whose parents have died or who has been abandoned by his/her parents; or
 - (e) A married student, his/her spouse and their joint children living under the same roof; or
 - (f) A widow(er) or divorced student and his/her children living under the same roof.

In cases under (b), (c) and (f), where the father or mother has entered into a new marriage, the current spouse and his/her children living under the same roof are counted as family. The same applies for separated spouses: they are considered as members of the family until the divorce is issued.

2. The term 'Child' includes a legitimate child, a stepchild, a child born out of wedlock and a legally adopted child.
3. The term 'Dependent Child' includes the applicant and other unmarried children, not working, who live with their family and have not reached the age of 18; or attend Secondary, Higher or Tertiary Education schools in Cyprus or abroad; or are in military service; or children who are permanently deprived of being self-sufficient, irrespective of age.

I. PARTICULARS OF DEPENDENT CHILDREN OF THE FAMILY WHO LIVE UNDER THE SAME ROOF

Full Name	Status (minor/ soldier/ student/ disabled)	Age	Identity Card Number
1. Applicant:	Student		
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**IT IS NECESSARY TO ATTACH THE FOLLOWING DOCUMENTS
(WHERE APPLICABLE FOR EACH APPLICANT):**

- Copies of birth certificates for all dependent children in the family.
- Copies of identity cards for all dependent children in the family.
- Copies of attendance certificates for all dependent children in the family who are studying in the academic year 2017/18.
- Copies of Military confirmations for the dependent children of the family who are serving in the National Guard in the academic year 2017/18.
- A copy of the Temporary Residence Permit/ Confirmation of Registration or Immigration Permit from the Civil Registry and Migration Department for foreign students and members of their family who permanently reside in Cyprus.

II. SOCIAL STATUS AND STATE OF HEALTH OF THE APPLICANT

Please mark a \surd where applicable:

1. The applicant is: fatherless motherless
2. Divorced parents (by court order)
3. Single-parent family, without marriage or certificate of civil partnership
4. Large family (4 dependent children and over)
5. A family with 3 dependent children
6. The parents or the applicant receive public assistance
7. The parents are recipients of the Minimum Guaranteed Income (MGI)
8. A disabled dependent child in the family is a recipient of the MGI
9. An orphan dependent child in the family is a recipient of the MGI
10. The applicant, who prior to reaching the age of 18 was under the care of the Director of the Social Welfare Services is a recipient of the MGI.
11. The applicant suffers from **some serious illness and/or serious disability:**
YES NO

If the answer is **YES**, please state the illness:

.....

.....

.....

**IT IS NECESSARY TO ATTACH THE FOLLOWING DOCUMENTS
(WHERE APPLICABLE FOR EACH APPLICANT):**

- Certificate of death of parent(s) and confirmation that an orphan's benefit and/or widow's/widower's pension was received in 2016.
- Copy of the divorce of parents or an application for divorce filed at the Family Court.
- Affidavit in case of single-parent families, without marriage or a certificate of civil partnership.
- Confirmation from a State medical council where the applicant suffers from a serious illness.

Ministry of Labour, Welfare and Social Insurance – Department for Social Inclusion of Persons with Disabilities

A confirmation that benefits are received for one of the following cases where the applicant suffers from a serious disability:

- Severe motor disability
- Care for paraplegic persons
- Care for quadriplegic persons
- Allowance for blind persons

Ministry of Finance – Grants and Allowances Service

- Confirmation that the applicant or the dependent children or parent are recipients of the allowance for blind persons.

Ministry of Labour, Welfare and Social Insurance – Social Welfare Services

- Confirmation that the applicant or the dependent children or parent in the family are recipients of Public Assistance for loss of hearing.
- Statement of payments for the annual public assistance amount for 2016. Applicable to students/ parents/ dependent children in the family who receive public assistance or single-parent allowance.

Ministry of Labour, Welfare and Social Insurance – Social Insurance Services or Citizen Service Centre

- Confirmation of the amount of invalidity to work (75%) pension of a parent, stating the amount of emoluments for 2016.
- Confirmation of the amount of disability (of at least 60%) pension of a parent, stating the amount of emoluments for 2016.

III. FINANCIAL SITUATION

A. ANNUAL GROSS FAMILY INCOME FOR 2016

Please state the annual income deriving from Cyprus and/or abroad and earned in 2016 for the applicant – parents – dependent children living under the same roof:

ANNUAL GROSS INCOME FROM EMPLOYMENT AND OTHER SOURCES		Father €	Mother €	Dependent child(ren) €
Income from employment (gross income incl. 13 th and 14 th salary)				
Income from self-employment (annual accounting profit for 2016)				
Income from work abroad				
Disability pension/ invalidity to work pension				
Old-age pension from Cyprus and abroad				
Widow's/widower's pension				
Unemployment benefit				
Orphan benefit				
Public assistance				
Minimum Guaranteed Income				
Child benefit				
Single-parent benefit				
Cyprus Agricultural Payments Organisation subsidy				
Rents receivable				
Profit from business				
Interest from: deposits/bonds/securities from Cyprus and abroad				
Dividends from shares in public and/or private companies				
Pensions / benefits from abroad				
Alimony from obligated person				
Any annual income from another source (Cyprus and/or abroad).	Please state the source:			
Total annual gross income per person		€	€	€
			Total annual gross family income	€

In calculating the family income, the State student welfare is not taken into account, nor are benefits/subsidies to disadvantaged persons with disabilities or chronic diseases from the Department for Social Inclusion of Persons with Disabilities of the Ministry of Labour, Welfare and Social Insurance.

B. IMMOVABLE PROPERTY OF THE FAMILY

Please state the value of **immovable property** in Cyprus (in areas under the effective control of the Republic of Cyprus) and/or abroad owned by the parents of the applicant, the applicant and all dependent children of the family living under the same roof at 01/01/13 values.

The Foundation reserves the right to take appropriate actions to verify the estimated value of the immovable property.

B.1 IMMOVABLE PROPERTY IN THE REPUBLIC					
S/№	Description of property (e.g. house, flat, store, block of flats, plot, land)	Owner	Municipality/Community	Share	Value (as at 01/01/2013) €
1.					
2.					
3.					
4.					
5.					
6.					
TOTAL VALUE:					
B.2 IMMOVABLE PROPERTY ABROAD					
S/№	Description of property (e.g. house, flat, store, block of flats, plot, land)	Owner	Municipality/Community	Share	Value (as at 01/01/2013) €
1.					
2.					
TOTAL VALUE:					
B.3 SHARES IN PRIVATE AND/OR PUBLIC COMPANIES/ BONDS/ SECURITIES					
S/№	Name of Company	Beneficiary	Number	Nominal Value €	
1.					
2.					
3.					
4.					
TOTAL VALUE:					

B.4 DEPOSITS / NOTES (Please state the Authorized Credit Institutions)				
S/№	Financial Institution	Beneficiary	Account balance as at 31/12/16 €	Interest received in 2016 €
1.				
2.				
3.				
4.				
TOTAL VALUE:				

Please note that where the **total value of the movable and immovable property** exceeds €700,000, the credits the application shall receive are reduced progressively.

**IT IS NECESSARY TO ATTACH THE FOLLOWING DOCUMENTS
(WHERE APPLICABLE FOR EACH APPLICANT):**

Self-employed persons, in addition to the following documents, shall also submit a Tax Return for 2016 and a declaration of income from an accountant/auditor (annual accounting profit for 2016).

Ministry of Finance – Tax Department

- Tax Statements of parents for 2016 (FORM I.R.190T/2016).

*If a parent declares he/she is not working; or his/her certificate of annual insurable earnings is null; or even that he/she receives a disability/invalidity/old age pension, **he/she must necessarily** present a Tax Return.*

- A Company Tax Return for 2016 where the parents are Shareholders/Owners of companies.

Ministry of Labour, Welfare and Social Insurance - Social Insurance Services

- Certificate of Annual Insurable Earnings of parents for 2016.

If a parent declares he/she is not working (e.g. the mother declares being a housewife), he/she must definitely present a certificate of annual insurable earnings from the Social Insurance Services, for control purposes.

- Confirmation of receipt of old-age/invalidity/disability pension of parents for 2016.
- Confirmation of receipt of widow's pension for 2016.
- Confirmation of receipt of orphan's allowance for 2016.

Where one and/or both parents are deceased, no income shall be taken into account.

- Confirmation of receipt of parents' unemployment allowance for 2016.

Persons receiving such pensions/ allowances must necessarily present certificates of insurable earnings and tax certificates.

Ministry of Labour, Welfare and Social Insurance – Social Welfare Services

- Statement of payments of the annual public assistance for 2016. Applicable to students/ parents who receive public assistance or single-parent benefit.
- Confirmation of receipt of the Minimum Guaranteed Income for 2016.
- Confirmation of receipt of child benefit for 2016.
- Confirmation of receipt of single-parent benefit for 2016.

Public assistance is not taken into account in the tax certificate and is, therefore, added to the annual income.

Cyprus Agricultural Payments Organisation

- Confirmation of receipt of subsidy for 2016.

Other sources:

- Court decision for alimony payment.
- Receipts of rents received in 2016.
- Confirmation of receipt of pension from abroad.

**AFFIDAVIT
BEFORE THE DISTRICT COURT**

We/I, the undersigned:

(a)..... and (b).....
from (full address)
and holder(s) of the Identity Card number (a) and (b)
respectively, take oath and state the following:

1. We/I hereby state that the only **immovable property** that we/I have in our/my possession in Cyprus (in the areas under the effective control of the Government of the Republic of Cyprus) and/or abroad, has a total value of €, as stated in the Application (Third Part, Paragraph B1 and B2), that our/my son/daughter has submitted to the Cyprus State Scholarship Foundation, for the purpose of acquiring a State scholarship for the academic year 2017/18.

2. We/I hereby state that the only **movable property** (e.g. deposits, shares, securities, bonds) that we/I have in our/my possession in Cyprus and/or abroad has a total value of €, as stated in the Application (Third Part, Paragraph B3 and B4), that our/my son/daughter has submitted to the Cyprus State Scholarship Foundation, for the purpose of acquiring a State scholarship for the academic year 2017/18.

3. We/I hereby state that the **total annual gross family income**, for 2016, amounts to €, and is as follows:

- (a) **Income from Employment or Self-Employment:**
Father/ Guardian: €..... Mother/ Guardian: €.....
- (b) **Income from other sources:**
Father/ Guardian: €..... Mother/ Guardian: €.....

4. This affidavit is made for the purpose of obtaining a State scholarship from the Cyprus State Scholarship Foundation.

5. This affidavit is not evidence as to existence or not of movable or immovable property or income we/I have in our/my possession. Therefore, the Government of the Republic of Cyprus may conduct a search to verify our/my allegations.

6. This affidavit is made by us/me, fully aware of the consequences of the Law as to false affidavits.

Sworn and signed before me
at the District Court,
this

THE AFFIANT (S)
(a)
(b)

REGISTRAR

INFORMATION PURSUANT TO SECTION 11 OF THE PROCESSING OF PERSONAL DATA (PROTECTION OF INDIVIDUALS) LAW OF 2001 (L. 138(I)/2001)

The personal data concerning me and stated by me shall be kept in an archive and shall be the subject of lawful processing within the meaning of the Processing of Personal Data (Protection of Individuals) Law, L. 138(I)/2001, as applicable, by the Controller, namely the Cyprus State Scholarship Foundation, for the purposes of considering my application to be granted a scholarship.

Recipients of the data shall be the competent staff of the Cyprus State Scholarship Foundation. The personal data that are included in the archive kept by the Cyprus State Scholarship Foundation may be communicated or transmitted between the government services involved. The management and processing of my personal data shall be carried out securely and with confidentiality and shall be subject to the relevant provisions of the existing legislation.

Furthermore, I am informed that I have the right to be informed, the right of access and objection pursuant to sections 11, 12 and 13 of L. 138(I)/2001, with regard to which I may address the Controller (Cyprus State Scholarship Foundation). In case of any disagreement/objection on my part with regard to the further retention and/or with regard to carrying out communication with specific means, I have the right to notify the same to the Cyprus State Scholarship Foundation in writing.

Whatever is contained in this document constitute all the information and particulars that the Cyprus State Scholarship Foundation, as the Controller, is obliged to provide me with and my signature on this document constitutes recognition and statement on my behalf that the Cyprus State Scholarship Foundation, as the Controller, has duly notified me as to what it is obliged to notify me on in accordance with the provisions of section 11 of the aforementioned Law.

.....
(Full name of applicant)

.....
(Signature of applicant)

or

.....
(Full name of parent/ guardian)

.....
(Signature of authorized parent/ guardian/ person)

Date:

SPECIAL POWER OF ATTORNEY

I, the undersigned (applicant)..... holder of Identity Card number and resident of (address), hereby appoint as my attorney-in-fact, (e.g. parent/ sibling/ or other relative) holder of Identity Card number, and resident of (address), and I authorize him/her to sign any statement or any document or contract, in my name and on my behalf, requested by the Cyprus State Scholarship Foundation with regard to the scholarship I have applied for and which has been approved to be granted to me (by said Foundation).

I acknowledge every act and signature of my attorney-in-fact made before and/or after the date of this power of attorney, with regard to the aforementioned scholarship, as valid and lawful and as if it was made and executed by me personally.

Date The Principal
(i.e. the applicant)
Full name
Signature

ATTEST

Signed (or sealed) this day in my presence by holder of Identity Card number and resident of (address) whom I know personally. In witness whereof I have set my hand and official seal, this day of

President of Community Council or Certifying Officer

.....

SCHOLARSHIP PAYMENT BY BANK TRANSFER

If your application for a scholarship is approved, the scholarship amount will be directly transferred to a personal or joint bank account of the beneficiary. Therefore, please state:

Name of Bank / Cooperative Credit Institution:

....., and

INTERNATIONAL BANK ACCOUNT NUMBER (IBAN)

C	Y																				
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Please attach the original confirmation from the Bank/ C.C.I. setting out the IBAN of the beneficiary (STUDENT).

The following statement is to be signed by the applicant:

I hereby authorise the Cyprus State Scholarship Foundation, in the event where I am approved to receive the scholarship, to pay by bank transfer, in accordance with the confirmation of the Bank attached herewith, to the aforementioned bank account any amount payable to me by the Foundation.

.....
(Signature)

Date:



**REPUBLIC OF CYPRUS
CYPRUS STATE SCHOLARSHIP FOUNDATION**

AUTHORISATION FORM
(for authorized credit institutions)

I/We, the undersigned, hereby expressly authorise all authorised credit institutions (hereinafter ‘ACI’), as laid down in the Business of Credit Institutions Laws of 1997, as amended at any given time, to provide the Chairman of the Cyprus State Scholarship Foundation (hereinafter ‘CSSF’) any information with regard to all accounts of any type I/we retain at every ACI (such as deposit, demand deposit, fixed-term, current, loan, including information with regard to facilitating my/our loans, for example, whatever loan has been settled or terminated due to legal measures taken by the ACI or whatever loan is performing), as it may be requested by the Chairman of CSSF, including any other personal data that every ACI possesses, for the signatories.

I/We, the undersigned, hereby further state that:

1. I/We provide this authorisation in the context of my/our application with regard to pursuing a State scholarship paid pursuant to the State Scholarship Foundation Law.
2. I/We understand that the aforementioned information concerning me/us and the information from the ACI to the CSSF is necessary, so as to evaluate or confirm the particulars included in the application with regard to financial information kept by said ACIs.
3. If this authorisation is revoked, I/we am/are obliged to immediately notify the Chairman of CSSF.

Father	Mother
Name:	Name:
Surname:	Surname:
I.C. No./ARC:	I.C. No /ARC:
Signature:	Signature:
Date:	Date:
Applicant	Applicant’s Spouse
Name:	Name:
Surname:	Surname:
I.C. No /ARC:	I.C. No /ARC:
Signature:	Signature:
Date:	Date:
Dependent Children	Dependent Children
Name:	Name:
Surname:	Surname:
I.C. No /ARC:	I.C. No /ARC:
Signature:	Signature:
Date:	Date:
Dependent Children	Dependent Children
Name:	Name:
Surname:	Surname:
I.C. No /ARC:	I.C. No /ARC:
Signature:	Signature:
Date:	Date:

SOLEMN DECLARATION

I hereby solemnly declare that the above particulars are accurate and true and I fully undertake my responsibilities towards the law with regard to false statements and concealing information. I understand that any deliberate inaccuracy or omission constitutes a false statement and may result in my being excluded from pursuing a scholarship and being brought to justice. I am also aware that in the event where I am granted a scholarship improperly without me being entitled to it, I am obliged to return the amounts granted to me.

I have also been informed that, if required in considering my application for the scholarship, the Cyprus State Scholarship Foundation may verify the particulars I have provided therein, in cooperation with other authorities in Cyprus, such as the Department of Inland Revenue, the Social Insurance Services, the Social Welfare Services, the Lands and Surveys Department, the Cyprus Agricultural Payments Organisation and/or other relevant competent bodies abroad, as well as in cooperation with the Financial Institutions where I keep my deposits.

.....
(Signature of applicant)

or

.....
(Signature of authorised parent/ guardian/ person)

Date:

FOR OFFICIAL USE	
APPLICATION COMPLETE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Signature of CSSF Officer	Date:

<p>I hereby certify that this text is a true translation of the attached document.</p> <p>I hereby certify that the signature of the translator is that of S. PAPASAVVA (Sgd.)</p> <p>for Acting Director Press and Information Office REPUBLIC OF CYPRUS 27.06.2017 (5.36.1.4/21) (4558 words)</p>
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