

**SCHOLARSHIPS IN MEMORY OF MICHALIS (MIKE) POLYDOROU FOR POSTGRADUATE AND DOCTORAL STUDENTS OF THE DEPARTMENT OF COMPUTER SCIENCE**

**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

Please make sure to review the scholarship procedure and criteria as described in the announcement, as well as the list of required certificates/documents that you will need to submit before completing the application.



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| **Program of Study Title:** | Fill in the title of the program you are enrolled in. |

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| **1. Personal Information** | | | | | | | |
|  |  |  | |  |  |  |  |
|  | First Name |  | | Father’s Name |  | Surname |  |
|  | Male  Female | |  |  |  |  |  |
|  | Gender |  | | Date of Birthday |  | Place of Birth |  |
|  |  |  | |  |  |  |  |
|  | Nationality |  | | Identity Card Number |  | Passport Number |  |

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| **2. CORRESPONDENCE ADDRESS** | | | | | | |
|  |  | | | | |  |
|  | Street | | | | |  |
|  |  |  |  |  |  |  |
|  | City |  | Postal Code |  | Country |  |
|  |  |  |  |  |  |  |
|  | Home Phone Number |  | Mobile Phone Number |  |  |  |
|  |  | | |  |  |  |
|  | Email Address | | |  |  |  |

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| **3**. **OTHER EXAMINATIONS / ACADEMIC QUALIFICATIONS / DISTINCTIONS / AWARDS**  *Attach copies of the relevant certificates and documents. (Include any other information you believe the Evaluation Committee should know, such as distinctions in your field of study or other areas)* |
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| **4.** **Marital Status** | | |
|  | Single  Married  If married, please complete the following:  Spouse’s Full Name: ………………………………………………………………………  Number of Children: ………………………………………………………………………………………………  **Children’s Names: Date of Birth:**  ………………………………………………… …………………………………………………  ………………………………………………… …………………………………………………  ………………………………………………… …………………………………………………  ………………………………………………… …………………………………………………  ………………………………………………… …………………………………………………  ………………………………………………… ………………………………………………… |  |
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| **5.**  **Other Scholarships** |
| Are you receiving another scholarship: Yes  No  If you answered yes, please provide details:  Duration of the Scholarship: From: ………………. To:………………………..  Source of Scholarship: ………………………………………………………………………  Annual Scholarship Amount: …………………………………………………. |

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| **6. Financial Statement of the Applicant’s Family**  ***Fill in the table below if you are married (for your own family) or single (for your parents' family).*** | | | | | | |
| **1.**  Family Composition and Number of Dependents (\*) | | | | | | |
| **Α/Α** | **Name** | **National identity Number** | **Relationship** | **Age** | **Profession** | **Gross Annual Income** |
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|  |  |  |  |  |  |  |
| **Total gross income of the family:** | | | | | |  |
| The term family includes the parents, the applicant, and other dependent children of the family who are not employed, live with the family, have not exceeded the age of 18, or are attending secondary, higher, or tertiary education institutions in Cyprus or abroad, or are serving their military service.  In the case where the applicant is married, dependents are considered to be the applicant, the applicant's spouse, and any dependent children.  It may be required to submit supporting documents for the purpose of evaluating the application (e.g., a sworn statement by the applicant (stating that they are self-sufficient) as well as by the father, mother, or another family member, indicating that they live alone and are not supported by their family, a rental agreement for the residence where they live, etc.). | | | | | | |  |

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| **7. Εισόδημα από άλλες πηγές** | | |
| **Α/Α** | **Source of Income** | **Ετήσιο Ποσό €** |
| 1. | Rent Income |  |
| 2. | Child Allowance |  |
| 3. | Unemployment Allowance |  |
| 4. | Disability Pension/ Incapacity for work |  |
| 5. | Widow Pension |  |
| 6. | Retirement Pension |  |
| 7. | Public Assistance from the Department of Social Welfare |  |
| 8. | Financial Assistance from another agency or organization (e.g., State Student Grant, State Student Package, etc.). |  |
| 9. | Additional e.g. (rental income, dividends from shares, amount withdrawn by the owner/director of a company, interest from deposits, grants from the Cyprus Agricultural Payments Organization), Subsidies, Sponsorships from Organizations) |  |
| **Total annual income from other sources:** | |  |

| **8. Social Status – Health Issues** | **Score** | **Mark  √** |
| --- | --- | --- |
| 1. The applicant is:  α. **orphaned** from one parent  β. **orphaned** from both parents  γ. Child of a missing person/fallen person | 5  10  8 | ---------------  ---------------  --------------- |
| 1. The parents are divorced | 2 | --------------- |
| 1. The parents or the applicant themselves receive Public Assistance from the Welfare Office. | 2 | --------------- |
| 1. The applicant belongs to a refugee family. | 2 | --------------- |
| 1. The applicant is a child of enclaved persons. | 10 | --------------- |
| 1. The applicant is a child of a large family. | 5 | --------------- |
| 1. The parents have a work incapacity of at least 75% due to a serious health issue or disability, according to the Social Insurance Office.   a. a parent  b. both parents | 6  10 | ---------------  --------------- |
| 9. The applicant suffers from a serious health issue or severe disability.  Thalassemic  Blind  Deaf  Diabetic  Cancer patient  Heart patient  Quadriplegic  Paraplegic  Mobility issues  10. Other problem or difficulties: …………………………………………………….  …………………………………………………………………………………………………. | 6 | ----------------  ----------------  ----------------  ----------------  ----------------  ----------------  ----------------  ---------------  ---------------  --------------- |

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| **9. CONSENT STATEMENT FOR THE PROCESSING OF PERSONAL DATA** |
| 1. With this statement, I provide my explicit and unconditional consent for my personal data, declared by myself, to be stored in a record and subject to lawful processing in accordance with the Personal Data Processing Law (Protection of Individuals), Law No. 138(I)/2001 as amended, by the Data Controller, which is the University of Cyprus. 2. I have been informed that the relevant records will be maintained by the University of Cyprus and that the recipients of the data will be the appropriate staff of the Faculties, Departments, and Administrative Services of the University of Cyprus. 3. The management and processing of my personal data will be carried out with security and confidentiality and will be subject to the relevant provisions of the Personal Data Processing Law (Protection of Individuals), Law No. 138(I)/2001. I have been informed that I have the rights to information, access, and objection under Articles 11, 12, and 13 of Law No. 138(I)/2001, which I can exercise by contacting the data controller. 4. In case of any disagreement/objection regarding the further retention of my data or the use of a specific means of communication, I have the right to notify the relevant Faculty in writing.   **Ημερομηνία**: ….. /…../2013  …………………………...  Date: …………………… ………………………………………..  Signature of applicant |

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| **10. COPIES OF CERTIFICATES/DECLARATIONS** |

**For your convenience, please ensure from the table below that you have submitted all the necessary certificates/declarations, etc., that apply to your case. In the event of significant missing information, the Committee may request additional details from any interested prospective student.**

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| --- | --- | --- |
| **Α/Α** | **DESCRIPTION OF DOCUMENTS THAT MUST BE ATTACHED** | **Σημειώστε √** |
|  | **Certificate of annual insurable earnings** for the previous year for both parents or for the spouse and for the applicant and dependent siblings, **whether they are employed or not**, from the Social Insurance Department or the Citizens Service Center. |  |
|  | **Certificate of annual earnings** for the previous year (including the 13th and 14th salaries) from the employer (for private, semi-government, and public sector employees). |  |
|  | **Birth certificates** of all dependent children in the family (including the applicant). |  |
|  | **Enrollment certificates** from universities for siblings who are studying, which must state the year of admission. |  |
|  | **Military service certificate for siblings serving in the National Guard.** |  |
|  | **Certificate of disability pension for a parent's work** incapacity (with a rate of at least 75%) from the Social Insurance Department or the Citizens Service Center (indicating the total annual amount of income for the previous year). |  |
|  | **Certificate of disability pension for a parent** (with a rate of at least 60%) from the District Social Insurance Offices or the Citizens Service Center (indicating the total annual amount for the previous year). |  |
|  | **Certificate of old-age pension for a parent** from the Social Insurance Department or the Citizens Service Center (indicating the amount of income for the previous year). |  |
|  | **Certificate of widow's pension** from the Social Insurance Department or the Citizens Service Center (indicating the amount of income for the previous year). |  |
|  | **Certificate of receiving public assistance** from the District Welfare Office. Applicable for cases of applicants/parents receiving public assistance or a single-parent family allowance. |  |
|  | **Death certificate of a parent** (for cases of applicants who are orphaned). |  |
|  | **Certificate from the Committee of Humanitarian** Affairs (for cases of applicants who are children of enclaved persons). |  |
|  | **Certificate from the Committee for the Relief** of theAfflicted (for cases of applicants who are children of missing persons or fallen persons). |  |
|  | **Medical certificate of illness/disability of the applicant** (for cases with serious health issues/disabilities as specified in the application). |  |
|  | **Divorce Court Decision** |  |
|  | **Additional supporting documents and/or certificates** [grants/subsidies from Organizations (such as the Cyprus Agricultural Payments Organization, Allowances for Residents of Mountainous Areas, etc.), land registry search, bank account statements, audited accounts for the previous year, or auditor's certification for the amount of withdrawals by the owner and dividends received (stating the total annual amount for the previous year) |  |
|  | **Abandonment by a parent: Certified by a sworn affidavit** |  |
|  | **Enrollment certificate for the current semester** |  |
|  | **Copy of refugee identity card** |  |
|  | **Certificates of any distinctions in your field of study or any other field** |  |
|  | **Copies of all your degrees from higher education institutions** |  |
|  | **Copies of exams/distinctions/awards, etc** |  |