

# SCHOLARSHIP APPLICATION FORM

Please **complete** this form and **return it by e-mail** to the Centre on Knowledge Governance at [knowledgegov@graduateinstitute.ch](mailto:knowledgegov@graduateinstitute.ch)

All fields marked with an asterisk (\*) must be completed.

## PRIVACY AND PROTECTION OF YOUR PERSONAL DATA

To process your application for evaluation, we collect and store your personal data. By completing this form, you agree to the processing of this data. For more information, please consult the [Privacy Policy](#).

## PERSONAL DETAILS

<b>Family name (*)</b>				<b>First name (*)</b>	
<b>Date of birth (*)</b>	Day	Month	Year	<b>Gender (*)</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Nationality (*)</b>				<b>Country of Residence (*)</b>	
<b>Current job position</b>				<b>Company name</b>	
<b>Sector/Industry</b>				<b>Linkedin</b>	

## ADDRESS (for correspondence)

<b>Street (*)</b>		<b>Telephone number (Home)</b>	
<b>NPA (*)</b>		<b>Telephone number (Work)</b>	
<b>City (*)</b>		<b>Mobile</b>	
<b>Country (*)</b>		<b>Email (*)</b>	

## PROGRAMME INFORMATION

<b>Programme you are applying for (*)</b>	
<b>Cohort / Intake (dates) (*)</b>	
<b>Are you a Graduate Institute alumna/us? (*)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, specify programme and year:</b>	

# SCHOLARSHIP APPLICATION FORM

## PROFESSIONAL BACKGROUND

Please indicate your **number of years of professional experience (\*)**:

0 – 4 |  5 – 9 |  10 – 14 |  15 & more

Please list the **organisations** you have worked for and the last **2 positions** held (\*).

Position held	Type of activity	Name of organisation	Location (country)	Starting year	Duration

## YOUR CURRENT JOB

Please give a **short description (15 lines max)** of your **current job** (eg.: nature of work, main responsibilities...) (\*)

## SCHOLARSHIP MOTIVATION

Why are you applying for financial assistance, and what will be the value of the course to you and your organisation? (max. 250–300 words): (\*)

## SCHOLARSHIP APPLICATION FORM

### YOUR FINANCIAL PLAN

Explain how you intend to fund the programme with and without the scholarship (150–200 words): (\*)

### SCHOLARSHIP REQUEST

<b>Funding requested (*)</b>	<input type="checkbox"/> 25%   <input type="checkbox"/> 50%   <input type="checkbox"/> 75%   <input type="checkbox"/> 100%
<b>Have you applied for funding elsewhere? (*)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, specify:
<b>If not fully funded, would you still participate? (*)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe

#### THANK YOU FOR YOUR APPLICATION!

- I want to receive information about our Executive Education Programmes  
 I want to receive information about our Executive Education News and Events