

**THE REPUBLIC OF CROATIA**

**STATE OFFICE FOR CROATS ABROAD**

**APPLICATION FORM**

**for the 2015/16 academic year**

(choose only one of the options listed below)

1. **for the Award of Support/Scholarships for Croatian Language Learning in the Republic of Croatia**
2. **for Croatian Language Learning via** the **Internet**

**Category of applicant:** choose only one of the options listed below

1. member of the Croatian people
2. spouse
3. friend of the Croatian people
4. **Personal details:**

1.1. First name........................................................................................................................

1.2. Family name.....................................................................................................................

1.3. Sex (circle) M F

1.4. Date and place of birth...................................................................................................

1.5. Country of birth..............................................................................................................

1.6. Citizenship:

1. ……………………………………………

2. ...............................................

Permanent residence

1.7. Street and house number.....................................................................

1.8. Place .....................................................................................................

1.9. Post code.................................................................................................

1.10. Country.....................................................................................................

1.11. Telephone..................................................................................................

1.12. Postal address.............................................................................................

1.13. Number of Travel Document......................................................................

1.14 Place and country of issuance.......................................................................

1.15. Details of previous education (circle):

 a) secondary education

b) post-secondary education

c) higher education

1. **Location of the** c**ourse:**  (choose only one of the listed options)

*To be filled* in *only by the* a*pplicants for Croatian Language Learning in the Republic of Croatia*

1. Zagreb b) Split c) Rijeka
2. **Desired seme**s**t**er(choose only one of the listed options)

a) winter semester (universities in RC: 5 October 2015 - 30 January 2016)

 (HIT-1: 14 September 2015 - 6 December 2015)

1. summer semester (universities in RC 1 March 2016 - 17 June 2016)

(HIT-1: 7 March 2016. - 29 May 2016)

1. winter and summer semesters

**4.** **Only for candidates who have already taken the course**

4.1. How many semesters have you completed?

1. **2**  **3** **4** (circle)

4.2. When did you take the course? …………………………………...............................................

4.3. Who bore the costs of the course? ………………………………….......................................

**STATEMENT:** *I hereby state that I am not receiving any other scholarship in the Republic of Croatia.*

**I swear under penalty for perjury that the information provided in this document is true and correct.**

Place and date: ……………………………………........... Signature: …………………………………...