

**THE REPUBLIC OF CROATIA**

**STATE OFFICE FOR CROATS ABROAD**

**APPLICATION FORM**

**for the Award of Support/Scholarships for Croatian Language Learning in the Republic of Croatia and for the Croatian Language Learning via the Internet for the 2016/17 academic year**

**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

**Personal details:**

First name.........................................................................................................................

Family name.....................................................................................................................

Sex (circle) M F

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

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

Citizenship:

1. ……………………………………………

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

**Permanent residence:**

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

Place ........................................................................................................

Post code..................................................................................................

Country.....................................................................................................

Telephone.....................................................................................................

E-mail address...............................................................................................

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

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

**Details of previous education (circle):**

(choose only one of the listed options)

a) secondary education b) post-secondary education c) higher education

**A) for the Award of Support/Scholarship for Croatian Language Learning in the Republic of Croatia**

**Location of the** c**ourse in the Republic of Croatia:**

1. Zagreb b) Split c) Rijeka

**Semester of the course:**

(choose only one of the listed options)

a) winter semester ( 3 October 2016 - 27 January 2017)

b) summer semester (27 February 2017 - 9 June 2017)

c) winter and summer semesters

**Have you already attended the Croatian Language Learning Course in the Republic of Croatia?**

1. yes b) no

**If yes, how many semesters have you completed?**

(choose only one of the listed options)

1. **2**  **3** **4**

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

Who paid the tuition fees ? …………………………………...........................................

**B) for the Award of Support/Scholarship for Croatian Language Learning via the Internet**

**Semester of the course:**

(choose only one of the listed options)

a) winter semester (12 September 2016 - 4 December 2016)

1. summer semester (6 March 2016 – 28 May 2016)

**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: …………………………………...