**Application No.\_\_\_\_\_\_\_\_ *(For official use)***

**Afghanistan Research Initiative (ARI) PhD Grant Application Form**

**Application checklist:**

* Application Form
* CV
* Confirmation of enrolment

Please submit the complete application package to ari@ucentralasia.org with the subject title PHDGRANTS – [Your Name] by XXX

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| --- |
| **Personal Information:** |
| Full name: |   |
| Gender: |   |
| Date of Birth: |   |
| Nationality: |   |
| Citizenship: |  |
| Country of residence: |  |
| Current legal status in the country of residence: |  |
| Correspondence address: |   |
| Mobile phone number: |   |
| Email: |  |
| **Education and Academic Information:** |
| University Affiliation: |   |
| Department/Faculty: |  |
| Degree sought and field of study: |  |
| Programme start date: |   |
| Estimated graduation date: |  |
| Enrollment status: |  |
| Funding details: |  |
| Title of dissertation or PhD papers: |  |
| Name and email of supervisor: |  |
| **Previous Education:** |
| **Degree** | **Name of Institution** | **From** | **To** | **GPA** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| **Work experience (if applicable):** |
| **Company name** | **Position** | **From** | **To** | **Responsibilities** |
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| **Previous Scholarships:** |
| **Have you received any other Scholarships: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**  |
| *(If yes please list any received scholarships: period, institution, and awarded class/level. Attach documentary proof*) |
| **List of publications or papers presented at conferences:** |
|  |
| **Summarise your dissertation or PhD papers (300-500 words) - *Topic and why it is important; what are the main research questions you address; methodology of the (proposed) research; anticipated findings and implications for policy and/or knowledge*** |
|  |
| **Indicate the amount of time required to complete the work on your thesis:** |
|  |
| **Indicate the financial needs required for you to complete your degree and what costs would be covered by a grant from ARI (up to 200 words)** |
|  |
| **What are your career goals upon graduation? (up to 200 words)** |
|  |
| **Agreement of Terms** |
| I hereby certify that all the information in this scholarship request form is accurate and complete. I understand that all the information contained in this form will be treated confidentially and will be used for institutional purposes only. If awarded a scholarship, the organization may utilize this information for academic and/or promotional related issues in reference to the scholarship. **Applicant signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |