**REQUEST TO RECEIVE RIGHTS AND ACCOMODATIONS - SCHOLARSHIP**

**Students receiving scholarships should contact the Gender and Parenting Student Coordinator using this form.** The form and the requisite documents must be submitted via online application using the following link: [**https://studean.huji.ac.il/book/%D7%A6%D7%95%D7%A8-%D7%A7%D7%A9%D7%A8-2**](https://studean.huji.ac.il/book/%D7%A6%D7%95%D7%A8-%D7%A7%D7%A9%D7%A8-2)

**Application to Receive a Scholarship at the End of the Scholarship Period:**

**Full name**: \_\_\_\_\_\_\_\_\_\_\_ ID number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Degree:** Master’s / research master’s / doctorate / postdoctoral fellowship

**Year of study for degree**: \_\_

**Class:** ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty:** ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full name of the faculty contact person who is handling your scholarship**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Start date of any scholarship you are receiving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Original end date for any scholarship you are receiving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date on which you gave birth to the baby**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Period of absence during the scholarship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Source of scholarship funding**:

Research Scholarship / Living Scholarship / Merit Scholarship (President's Scholarship) / Aide Scholarship / Other

**Scholarship Details (Name of funding body, scholarship amount, scholarship start date and scholarship end date, month and year):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The period of absence after giving birth** (Up to 15 weeks): \_\_\_\_\_\_\_\_\_\_\_\_ days / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to extend the scholarship for the duration of the study period \_\_\_\_\_\_\_\_\_\_\_\_ days / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (no more than the absence period during the scholarship).

**You must attach the following documents to the form: birth certificate, photo ID including the attachment and any other relevant document.**