Mobility for Plant Genomics Scholars to Accelerate Climate-Smart Adaptation Options and Food Security in Africa II

(GENESII)

**Scholarship Application Form**

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| About this Form  This form is for application for GENESII Project scholarships (For more information, please visit the website https://www.genes-intra-africa.org). This form should be sent (together with other required documents, including the student proposal) as a unique PDF attachment to: [genes2intra@gmail.com](mailto:genes2intra@gmail.com) and copied Mr. Christel Azon, [christelazon@gmail.com](mailto:christelazon@gmail.com), Prof Happiness Oselebe, [h.oselebe@ebsu.edu.ng](mailto:h.oselebe@ebsu.edu.ng) and Dr Godwin Nwonumara, [ngnkwuda@gmail.com](mailto:ngnkwuda@gmail.com). You may download the MS Word version of the form, and complete it before sending.  This call is opened from 13 May to 03 July 2024, mid-night, GMT+1 time.  Please check the relevant boxes below to confirm that you fully understand the application procedure. Failure to do this can result in the rejection of the application.  I am aware that this is an application form for both Target Group 1 and 2 as explained in the call for application.  I have read and understood the application procedures as described in the call.  Have you ever benefited from an Intra Africa Mobility program?  Yes No | | | | | | | | | | | | | | | | | | |
| Target Group (Check the appropriate box) | | | | | **TG1** | | | | | | **TG2** | | | | | | | |
| Personal Information | | | | | | | | | | | | | | | | | | |
| Title (Mr/Mrs/Miss) | | | | Family/Surname Name | | | | | Given Names | | | | | | | | | |
| *(insert information here)* | | | | *(insert information here)* | | | | | *(insert information here)* | | | | | | | | | |
| Date and place of Birth (DD/MM/YY) | | | | Gender | | | | | | | | | | | | | | |
| *(insert information here)* | | | | Male: | | | | | Female: | | | | | | | | | |
| Permanent address: | | | | *(insert information here)*  *P.S: this address will be used to send all official documents in case of selection. You must insert the complete information and the most accurate address. Any problem in sending documents resulting from erroneous or insufficient information provided in this section and consequent need to resend the documents will result in the payment, by the candidate, of the resulting expenses. The address must not be translated.* | | | | | | | | | | | | | | |
| Nationality | | | | Language (s) Spoken | | Country of Residence | | | | | | | | | | | | |
| *(insert information here)* | | | | *(insert information here)* | | *(insert information here)* | | | | | | | | | | | | |
| Contact Details | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | |
| Alternative Email: | | | | | | | | | | | | | | | | | | |
| Postal Address: | | | | | | | | | | | | | | | | | | |
| Telephone (Mobile): | | | Alternative Phone: | | | | | | | | | | | | | | | |
| Home Institution | | | | | | | | | | | | | | | | | | |
| Name of Institution | | | | | | | Country: | | | | | | | | | | | |
| *(insert information here)* | | | | | | | *(insert information here)* | | | | | | | | | | | |
| City | State/Province/Region | | | | | | Zip/Postal code | | | | | | | Contact person | | | | |
| *(insert information here)* | *(insert information here)* | | | | | |  | | | | | | |  | | | | |
| Type of Mobility | | | | | | | | | | | | | | | | | | |
| PhD | | | | **MSc** | | | | | | | | | | | | | | |
| Host institution (Should be one of the University of the GENESII consortium, visit: <http://www.genes-intra-africa.org/index.php> for more information) | | | | | | | | | | | | | | | | | | |
| Official name of your host institution: | **Why have you chosen this specific institution?**  **Max 1000 characters** | | | **Have you established any previous contacts with the Institution concerning your mobility? If yes, please, quote the name of your contact person and his/her position** | | | | | | **Programme Applied For at the host university** | | | | | | | | |
| Academic background (Please indicate the most recent academic background/qualifications or training developed until this moment that are relevant to this application, starting with the most recent ones. Please include only the academic training achieved in a higher education institution) | | | | | | | | | | | | | | | | | | |
| Description of current training programme | | |  | | | | | | | | | | | | | | | |
| Most recent academic degree awarded / training accomplished | | |  | | | | | | | | | | | | | | | |
| Name of Degree/Specialization | | |  | | | | | | | | | | | | | | | |
| Institution | | |  | | | | | | | | | | | | | | | |
| Country | | |  | | | | | | | | | | | | | | | |
| Date of award | | |  | | | | | | | | | | | | | | | |
| Grade obtained | | |  | | | | | | | | | | | | | | | |
| Maximum grade in the grades’ scale of the institution (e.g. in a scale of 0-20, it is 20) | | |  | | | | | | | | | | | | | | | |
| Employment experience  (Briefly describe the nature of three of your most recent employment experience, particularly the relevant details for your mobility proposal. If you do not have any employment experience, you do not have to fill this section.) | | | | | | | | | | | | | | | | | | |
| Name and address of Employer | | | | | | | **Duration** | | | | | | | | | | | |
| 1. | | | | | | |  | | | | | | | | | | | |
| 2. | | | | | | |  | | | | | | | | | | | |
| 3. | | | | | | |  | | | | | | | | | | | |
| Publications or any other evidence of research experience (mandatory for MSc, PhD)  (In case you have already published a scientific work or contributed to the publication of any paper please indicate the most representative ones, maximum five, giving priority to those most related with your mobility proposal. The references must include: authors, title, publisher, year, city, page number and other relevant bibliographical data.) If you don't have any publication, you do not have to fill this section | | | | | | | | | | | | | | | | | | |
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| 5. | | | | | | | | | | | | | | | | | | |
| Motivation and added value (Please state briefly the main reasons why you wish to participate to this project, as well as the added value you perceive to be attached to your mobility proposal in your host institution.) | | | | | | | | | | | | | | | | | | |
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| Required Supporting Documentation (Checklist) | | | | | | | | | | | | | | | | | | |
| 1. Cover letter 2. Student research proposal or detailed research concept note (for PhD and MSc) 3. National ID or copy of passport Data page 4. Certificate of previous degree(s) /or a Proof that the degree(s) has been completed 5. All Transcripts/academic records (please note that all selected candidates will receive final admission after they have provided suitable transcripts) 6. Proof of enrolment or eligibility for enrolment for MSc degree (that is research component of MSc) from home institution (for MSc applicants) 7. A support letter from home HEIs (from an authority of the University, Vice chancellor or Dean or Vice Dean or Head of Department/School) 8. Two recommendation letters 9. Curriculum Vitae. 10. Certificate of English or French language skills if any 11. Proof of socio-economic vulnerability (if relevant) attested by an authority of the home HEI. The letter should be on the HEI letterhead with email and contact of the signatory person. 12. Any other supporting documents | | | | | | | |  | | | | | | | | | | |
| (*To enable assessment of your application, ensure that you have completed the application form and attached relevant documents in a SINGLE PDF file)* | | | | | | | | | | | | | | | | | | |
| I confirm that I do NOT have a running scholarship at the time of application | | | | | | | | | | | | | | | | |  | |
| I confirm that I have attached all necessary documents along with my completed application form | | | | | | | | | | | | | | | | |  | |
| Further Information | | | | | | | | | | | | | | | | | | |
| *This information is to help GENESII to plan support services for students; it will not be used for the purposes of selection.* | | | | | | | | | | | | | | | | | | |
| Have you any additional requirements that might affect your study? *If so, please enclose a separate letter giving details* | | | | | | | | | | | | Yes | | |  | No | |  |
| Referees  Name two people whom GENESII project can consult in confidence about your application. At least one should be a tutor or other member of the academic staff of the university or college at which you studied. If your referees know you by another name, please state it here and indicate whether it should be quoted when referees are approached. | | | | | | | | | | | | | | | | | | |
| 1. Name | |  | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | |
| Telephone | |  | | | | | | | | | | | | | | | | |
| Fax | |  | | | | | | | | | | | | | | | | |
| Email | |  | | | | | | | | | | | | | | | | |
| Position held | |  | | | | | | | | | | | | | | | | |
| 2. Name | |  | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | |
| Telephone | |  | | | | | | | | | | | | | | | | |
| Fax | |  | | | | | | | | | | | | | | | | |
| Email | |  | | | | | | | | | | | | | | | | |
| Position held | |  | | | | | | | | | | | | | | | | |
| Declaration | | | | | | | | | | | | | | | | | | |
| By submitting this application, I declare that the information provided in this application and the supporting documentation is true and complete. I understand that the GENESII Project reserves the right to withdraw or cancel any offer made on the basis of information that proves to be untrue or misleading. I accept that the information I provide on this form and during my enrolment can be provided, in certain circumstances, to the European Commission (Intra-Africa Mobility Scheme) and designated authorities, including publishing it on the project website. I understand that the GENESII project will keep all my personal information confidential unless otherwise. | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | **Date:** |  | | | |  | | |  | | |