Embassy of France in LITHUANIA

Cooperation and Cultural Action Department

SSHN Scholarship

Application Form

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| **ID photo** **mandatory** |

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| --- | --- |
| PERSONAL INFORMATION :**NAME :………………………………………………………………………First name : ………………………………………………………………….Date of Birth :……………………………………………………………….Place of Birth :................................................................................................** |  |

PERSONAL ADRESS :

 **Street :..............................................................................................................................................................

Postal code :…….....................................................................................................................................................**

 **City :.............................................................................................................................................................

Phone number : ............……...............................................................................................................................

Email : ......................................................................................................................................................**

PROFESSIONAL ADDRESS :

 **Street : .....................................................................................................................................................................
Postal code : .....................................................................................................................................................................**

 **City : ............................................................................................................................................................

Phone number :...................................................................................................................................................

Email :.......................................................................................................................................................

Profession / Activity**

**...............................................................................................................................................……………………**

**Institution : …………………………………………………………………………………………………………………………………………..**

Profession / Activity : ………………………………………………………………………………….

Institution: ..…………………………………………………………………………………………….

 **Purpose of Application**

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| --- | --- | --- | --- |
| image.pdfMaster 1st  year | image.pdfMaster 2nd year  | image.pdfDoctorate | image.pdfInternship  |

**Specialization:..................................................................................................................................................................
City :.......................................................................................................................................................................……**

**Lithuanian supervisor :.....….......................................................................................................................................
French supervisor :...................................................................................................................................................
Host institution (in France) :............................................................................................................................
Host institution (in Lithuania):..........................................................................................................................**

***Is there a cooperation agreement between these two institutions? YES  NO***

I agree to respect the procedures related to the status of a French Government scholarship holder and to submit a detailed activity report to the SCAC within two months of my return from training.

Date

Signature

Detail in the following section the project in which your training request is inscribed and the development perspectives upon your return to Lithuania:

**Motivation**

Please explain the importance of this high-level scientific stay for your career, your research, your scientific objectives, and for strengthening international cooperation.