TO: The Authority for Research Students  
FROM: Click or tap here to enter text.  
DEPARTMENT: Click or tap here to enter text.

**Application for the TALENT Scholarship**

I hereby wish to submit Mr./Ms. Click or tap here to enter text. , student number Click or tap here to enter text. for consideration for the TALENT scholarship for international students.

**Part 1**

1. Please describe why you think the student is worthy to receive this scholarship:

Click or tap here to enter text.

**Part 2** – Advisor’s Statement

In the event that the student receives the TALENT scholarship, I hereby commit that he /she will be provided with funding of (no less than) 4,000 NIS per month, for a period of four years, so that the total financial support he /she will receive will be no less than 6,000 NIS per month over the course of that period.

Other funding source is in place (please list the funding source name here Click or tap here to enter text.) that will be responsible for providing the funding of now less than 4,000 NIS per month, for a period of four years, so that the total financial support he/she will receive will be no less than 6,000 NIS per month over the course of that period. Attached please find a funding agreement/certificate from that funding party.

In the event that the student receives the TALENT scholarship and for any reason chooses to terminate his/her studies or is forced to terminate studies for any reason, the advisor hereby commits to inform the Authority for Research Students of this development.

Name of Advisor Click or tap here to enter text.

Advisor Signature Shape

Description automatically generated with low confidence

Date Click here to enter a date.