**TAD Doctoral Fellowship Application Form**

**Academic Year: 2025–2026**

Faculty Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Personal Information**

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| --- | --- | --- | --- | --- | --- | --- |
| Date of Aliyah (if applicable) | Citizenship | Marital Status | Gender | Year of Birth | First Name | Last Name |
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| --- | --- | --- |
| **Email Address** | **Phone Number** | **ID Number (Or passport number for foreign citizenship)** |
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| --- | --- |
| **Current Appointment/Occupation** | **Address** |
|  |  |

1. **Academic Education**

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| --- | --- | --- | --- | --- |
| **Final Grade** | **Field or Thesis Topic** | **Institution** | **Years** | **Degree** |
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1. **Funding Sources for Doctoral Studies**

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| --- | --- | --- |
| **Duration and Period** | **Scholarship Amount** | **Funding Source** |
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| |  | | --- | |  |   **Award/honor** | **Year** |
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1. **Awards / Honors by Year**
2. **Names of Recommenders (please attach letters of recommendation):**

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| --- | --- | --- | --- |
| **Relationship to the Applicant** | **Position** | **Institution** | **Recommender's Name** |
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**I, the undersigned, commit to fulfilling all the program’s requirements.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_     Applicant’s Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**