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| HMC Projects Scholarship Programme 2021 Estonia |
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**Application Form**

(Please read the information on the instructions document before you fill in and submit this form.)

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| **A. Personal Information.** |
|  |  | PHOTO*Replace the text in this cell with a recent digital passport-style photograph of yourself taken during the last year.* |
| First name, second name and family name **🡭** | Prefer to be called **🡭** |
|  |
| **🡭** First name, second name and family name (as in your passport in your own language including diacritics) |
|  |  |
| Date of Birth (e.g. 20th September 2004) **🡭** | Sex [**M** or **F**]**🡭** |
|  |  |
| Place of Birth **🡭 (town/city)** | Country of Birth **🡭** |
|  |
| Full Home Address **🡭 (Street, No., block, etc.)** |
|  |  |
| City/Town **🡭**  | Postal Code **🡭** |
|  |  |  |
| Phone (Home) **🡭****(country code, city code, number)** | Phone (Mobile) **🡭****(country code, number)** | **E-mail** **🡭** |
|  |  |
| Country of Citizenship **🡭** | Nationality (both if you hold dual nationality)**🡭** |
| **B. Education.** |
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| Full Name of school you attend (in English) **🡭 (+ city/town)** |
|  |
| Full Name of school you attend (in your language, if different) **🡭 (+ city/town)** |
|  |
| Name of Head/Principal **🡭** |
| Type of School 🡺 | **Type: [Public or Private]** 🡺 |  |
| School specialism: **[General, Classical, Science or Bilingual]** 🡺 |  |
|  |  |
| \*If Bilingual (some subjects taught in a foreign language), state in which language(s). **🡭** | In what year will you finish secondary education? **🡭** |
| Previous schools🡺 | **School name + city/town** | **Public/Private** | **Bilingual?** | **Started (year)** | **Finished (year)** |
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| **C. Languages.** |
| Language | How many years? | Hours per week | Course: [School or Private] | Grades/scores |
| English |  |  |  |  |
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| **D. Academic, Extracurricular And Personal Interests.** |
| In the UK most A Level students start with three or possibly four subjects. Please check the advice we give in the further information and then list the three or four subjects that you would most like to study. Also list the academic awards/honours you have won in the past three years (if any) – please indicate if they are regional, national or international: **🡫** |
|  |
| List the **current** sports (athletic activities) that you play and for how long (Note team, position, prizes won, if any): **🡫** |
|  |
| List the **current** performing and visual art forms that interest you the most and in which you **participate**. (Note any instrument you play; choir/band/orchestra to which you belong; dance/ theatre group; painting, drawing, photography, etc. and for how long).Please note any awards you have won during the last three years. **🡫** |
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| List the clubs, organizations or community service groups to which you belong – not only within the school but also outside school. (Note how long you have been involved, the purpose of the group, and your role in it.) **🡫** |
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| What field of study or future career are you considering? **🡫** |
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| Have you spent more than one month in a western country? If yes, where, when and how long? **🡫** |
|  |
| What **three words** would you choose to describe yourself? **🡫** |
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| **E. Programme Preference.** |
| We ask that you to state which scholarship programme you wish to be considered for. This helps the interviewers a great deal and does not influence your selection for a scholarship.Please read the notes about eligibility for a full scholarship carefully before completing this section. |
| Scholarship type | Choice |
| HMC **full** scholarship [**Yes** or **No**] |  |
| HMC **reduced fee** scholarship [**Yes** or **No**] |  |

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| **F. Family Information.** |
|  | **Parent 1** | **Parent 2** |
| Parents Name in Full 🡺 |  |  |
|  | [**Living** or **Deceased**] 🡺 |  | [**Living** or **Deceased**] 🡺 |  |
| [**Together**, **Separated** or **Divorced**] 🡺 |  |
| Name of Step-parents (if applicable) 🡺 |  |  |
| Full Home Address 🡺(City, postal code, Street, No.) |  |  |
| Telephone 🡺 (Country code, city code, number) |  |  |
| Mobile Phone 🡺(country code, number) |  |  |
| E-mail 🡺 |  |  |
| Profession and Job Title🡺 |  |  |
| Name of Employer 🡺 |  |  |
| Work phone, if applicable 🡺(Country code, city code, number) |  |  |
| **Brothers and sisters** |
| Name | Sex [**F** or **M**] | Age | Occupation | Living at Home?[**Y** or **N**] | Participated in this program? [**Y** or **N**] |
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| ***If you have friends or relatives in the UK please provide their full name, relationship, and address:* 🡫***Please also state whether they would agree to act as a guardian for you in the UK* |
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| **Statements:**1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, country, U.K. school and personal email address can be shared with other HMC Projects scholars. I also agree that I will not share these details with anyone else, nor pass on the list to any third party.
2. My signature below also indicates that all the information given is complete and correct to the best of my knowledge, and the essay is my work alone.

Signature (of applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| HMC Projects Scholarship Programme2021 Estonia |
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**Statements**

|  |  |
| --- | --- |
| **Full Name of Applicant** |  |

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| **Name of First Parent or Guardian** |  |
| **Name of Second Parent or Guardian** |  |

***To be signed by parents or guardians of ALL applicants***

*As the parent or guardian of the above-named candidate:*

* *I agree that my son/daughter will be an applicant for a scholarship through HMC Projects.*
* *I have read and understand the paper titled “Information for Parents” giving details of the general arrangements for my son or daughter to take up a scholarship at a school in the United Kingdom. These arrangements may include independent travel within the United Kingdom.*
* *I give my provisional agreement for my son/daughter to be nominated to a school for a scholarship for the academic year starting September 2021 and I understand that I shall subsequently be asked by the school to sign the normal forms of agreement with them.*
* *I agree that I shall pay an administrative fee of £1250 towards my son’s/daughter’s scholarship if he/she is selected for a full scholarship through HMC Projects. The deadline for payment is 1st July 2021.*
* *I understand that any extension of the scholarship into a second year is at the discretion of the school offering a scholarship place.*
* *I have read, understand and agree to what is set out in the section in the Information for Parents “Your and your son’s/daughter’s data and how we use it”.*

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| Signature of First Parent or Guardian | Signature of Second Parent or Guardian | Date |

***Also, to be signed by parents or guardians of applicants applying for a FULL scholarship***

*As the parent or guardian of the above-named candidate who is applying for a* ***full scholarship****, I confirm that total parental income during 2020 will not exceed the equivalent of £30,000.*

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| Signature of First Parent or Guardian | Signature of Second Parent or Guardian | Date |

**Please note:**

**Those candidates selected for interview for a scholarship will be required to complete a parental income declaration form.**

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| **Health Declaration** |
| To be completed by the applicant’s parent(s) or legal guardianPlease answer the following questions about state of health of your son/daughter and provide any extra information or detail which may be relevant. |
| Question |  | Answer |
| Is your son/daughter in good health?  | [**Yes** or **No**] |  |
|  | If no, please give details 🡫 |
|  |  |
| Is he/she is currently protected by immunisation from MMR(Measles, Mumps and Rubella, Polio and Tetanus)?  | [**Yes** or **No**] |  |
| During the past five years has he/she received hospital treatment for any operation or condition? | [**Yes** or **No**] |  |
|  | If yes, please give details 🡫 |
|  |  |
| Does he/she currently have any medical conditions?  | [**Yes** or **No**] |  |
|  | If yes, please give details 🡫 |
|  |  |
| Is your son/daughter at present receiving medical or psychological treatment for any condition, except those named above? | [**Yes** or **No**] |  |
|  | If yes, please give details 🡫 |
|  |  |
| Does he/she have any medical or psychological problem known to you which may require specialist or hospital treatment? | [**Yes** or **No**] |  |
|  | If yes, please give details 🡫 |
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| Signature of First Parent or Guardian | Signature of Second Parent or Guardian | Date |

**School Grades**

**Please enter your school grades (1-5) from your school reports for your last class and your current class into the subject table below:**

**If a subject is not in the list then please enter the subject and the grade(s) in a blank row.**

|  |  |  |
| --- | --- | --- |
| **Subject** |  | **Grade (1-5)** |
| Previous Class | Current Class |
| Estonian language | Eesti keel |  |  |
| Literature | Kirjandus |  |  |
| English | Inglise keel |  |  |
| German | Saksa keel |  |  |
| Russian | Vene keel |  |  |
| History | Ajalugu |  |  |
| Geography | Geograafia |  |  |
| Mathematics | Matemaatika |  |  |
| Physics | Füüsika |  |  |
| Chemistry | Keemia |  |  |
| Biology | Bioloogia |  |  |
| Information technology | Informaatika |  |  |
| Economics | Majandusõpetus |  |  |
| Art | Kunst |  |  |
| National defence | Riigikaitse |  |  |
| Music | Muusika |  |  |
| PE | Kehaline kasvatus |  |  |
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| **Add any additional subjects below** |
| **Subject** |  | Previous Class | Current Class |
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**Personal essay:**

Please type your personal essay of between 750 and 1000 words on this page and then sign the declaration below:

I declare that this essay is entirely my own work. (signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_