

|  |
| --- |
| **IN WBI Excellence Scholarship Program** |

**APPLICATION FORM**

|  |  |
| --- | --- |
| 1. **ADMINISTRATIVE DATA**   In order to comply with the provisions of the General Data Protection Regulation (GDPR), the requested data below will be kept in the International Scholarship Department (WBI) and will not be provided to the jury. | |
| **Last name** |  |
| **First name** |  |
| **Date & place of birth** |  |
| **Nationality** |  |
| **Sex** |  |
| **Address of current residence** |  |
| **Permanent address** |  |
| **Phone number** |  |
| **E-mail** |  |
| **Professor expert from the host institution in the Wallonia-Brussels Federation**  **Last name, first name & e-mail** |  |

**How did you learn about this Excellence Scholarship programme?**

🗌 REPRESENTATIONS ABROAD (EMBASSIES, DELEGATIONS, ...)

🗌 WEBSITE: [www.wbi.be/etudierouenseigner](http://www.wbi.be/etudierouenseigner)

🗌 PRESS

🗌 SOCIAL NETWORKS

🗌 UNIVERSITIES AND HIGHER EDUCATION INSTITUTIONS

🗌 THROUGH CONTACTS



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **ACADEMIC PART** | | | | | | |
| **EXCELLENCE GRANTS PROGRAM**  **IN WBI** | | | | *Please tick the appropriate box :*  🗆 short-term postdoctoral program  🗆 long-term postdoctoral program | | |
| **Grant usage period** | | | | | | From …………………………. to ………………… |
| **Expected duration of the programme** | | | | | | …….. months of ………years |
| **Native country** | | | | | |  |
| **Area**  ([See Article 31 of the Decree of 31 March 2004 defining higher education](http://www.gallilex.cfwb.be/document/pdf/28769_003.pdf) ([**click here**](http://www.gallilex.cfwb.be/document/pdf/28769_003.pdf)) and go to pages 14 and 15 to select an area (required) | | | | | |  |
| GENERAL DETAILS | | | | | |
| **Last name** | |  | | | |
| **First name** | |  | | | |
| **Current role or position** | |  | | | |
| **Establishment** | |  | | | |
| **Department / Laboratory** | |  | | | |
| **Professor or expert in the Wallonia-Brussels Federation and Establishment**  **(if applicable)** | |  | | | |
| **Professor or expert in your country and Establishment (if applicable)** | |  | | | |
| **DESCRIPTORS FIELDS RELATING TO THE TOPIC OF YOUR PROGRAM** | | | | | |
| Choose a maximum of 8 FRS-FNRS description fields corresponding to your research topic, by order of importance, with the first being the description related to your scientific discipline, to be filled in with any relevant keywords of your choice.  The list of descriptor fields can be downloaded from <http://www.fnrs.be/docs/Reglement-et-documents/FRS-FNRS_Champs_descripteurs.pdf> | | | | | |
|  | **Descriptors fields** | | | **Pertinence to the topic** | |
| **1.** |  | | |  | |
| **2.** |  | | |  | |
| **3.** |  | | |  | |
| **4.** |  | | |  | |
| **5.** |  | | |  | |
| **6.** |  | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KEYWORDS (OPTIONAL)** | | | | | | | | | | | | | | | | | |
| You can add any keywords (check first if the descriptor or field is not included in the previous item)  *max. 200 character, keywords separated by "/"* | | | | | | | | | | | |  | | | | | |
| **ACADEMIC BACKGROUND** | | | | | | | | | | | | | | | | | |
|  | | **Establishment frequented** | | | | | | **Academic year** | | | | | **Degree obtained** | | | | **Level obtained** |
| **Higher education**  **(to be detailed by academic year up to Master level)** | |  | | | | | |  | | | | |  | | | |  |
|  | | | | | |  | | | | |  | | | |  |
|  | | | | | |  | | | | |  | | | |  |
|  | | | | | |  | | | | |  | | | |  |
|  | | | | | |  | | | | |  | | | |  |
| **Post-graduate studies**  **(after Master)** | |  | | | | | |  | | | | |  | | | |  |
|  | | | | | |  | | | | |  | | | |  |
|  | | | | | |  | | | | |  | | | |  |
|  | | | | | |  | | | | |  | | | |  |
| **PROFESSIONAL EXPERIENCE** | | | | | | | | | | | | | | | | | |
| **Name of employer** | | | **Business sector** | | | | **Country** | | **Position held** | | | | | **Period** | | | |
|  | | |  | | | |  | |  | | | | |  | | | |
|  | | |  | | | |  | |  | | | | |  | | | |
|  | | |  | | | |  | |  | | | | |  | | | |
| **STUDY GRANTS OR FUNDING OBTAINED PREVIOUSLY** | | | | | | | | | | | | | | | | | | |
| **Funding organisation(s)** | | | | | **Funding instrument** | | | | | **Duration of funding** | | | | | | **Academic year** | | |
|  | | | | |  | | | | |  | | | | | |  | | |
|  | | | | |  | | | | |  | | | | | |  | | |
| **Have you previously submitted an application for funding via this instrument? If so, specify the number of requests submitted and** **relevant dates.** | | | | | | | | | | | | | | | | | | |
| **LANGUAGE KNOWLEDGE** | | | | | | | | | | | | | | | | | |
| * Based on the Common European Framework of Reference (CEFR) level, to be consulted at the following address: <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> | | | | | | | | | | | | | | | | | |
| **Language** | **Understanding** | | | | | **Speaking** | | | | | | | | | **Writing** | | |
| **Listening** | | | **Reading** | | **Participate in a conversation** | | | | | **Express yourself fluently in speech** | | | |  | | |
|  |  | | |  | |  | | | | |  | | | |  | | |
|  |  | | |  | |  | | | | |  | | | |  | | |
|  |  | | |  | |  | | | | |  | | | |  | | |
| **PUBLICATIONS** | | | | | | | | | | | | | | | | | |
| **List** **the 5 most significant publications:** | | | | | | | | | | | | | | | | | |
| **PROJECT DESCRIPTION** | | | | | | | | | | | | | | | | | | |
| **Title of the research** | |  | | | | | | | | | | | | | | | | |
| **Project summary** (max. 900 character) | | | | | | | | | | | | | | | | | | |
| **Describe in detail the program you intend to pursue** *(no wordcount limits for this section)* | | | | | | | | | | | | | | | | | | |
| **Additional details**  **Does your programme fit into a competitiveness cluster from the Marshall 4.0 Plan? If yes, which one?**  **Is your programme part of an inter-university cooperation effort? If yes, which one (specify partners)?**  **What scope would you give to this programme for the preparation of, or as part of, your professional life? What would be the expected benefits for the Wallonia-Brussels Federation? Similarly, what would be the possible anchoring point of your research in our Federation?** | | | | | | | | | | | | | | | | | | |
| **CANDIDATE’S DECLARATION** | | | | | | | | | | | | | | | | | | |
| I, the undersigned ……...........................................................................................................................  - declare that I have read the conditions for the award of the WBI.In Excellence Scholarships and undertake to be in strict compliance with these ;  - declare that the information provided is genuine and true. I agree that any omission to the information required or false statement on my part, even if unintended, may lead to the cancellation of the application ;  - note that the information provided will be used for evaluation purpose only and submitted to F.R.S.-FNRS and DG06 as part of the jury.   |  | | --- | | Done at ....................................., on ...................................  Candidate’s signature | | | | | | | | | | | | | | | | | | | |

**Appendix 1 : Declaration of additional funding**



**Important note**

Any other source of public or private funding must be explicitly mentioned by the candidate using the enclosed declaration, whether in the course of the proceedings or at the agreement stage.  
WBI decides on the compatibility of the additional funding with the WBI grant.

Last name and first name:

Country:

1. If an excellence grant is awarded to me, and during the scholarship period:
   1. I will not benefit from any source of funding other than from that of the IN WBI (\*) scholarship programme.
   2. I will also benefit from another funding source detailed below(\*):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding period | Organisation/institution providing the funding | Net amounts received per month/year | Is the amount a grant or salary/wage? | Subject to ONSS (National Office for Social Security) YES/NO |
|  |  |  |  |  |
|  |  |  |  |  |

1. When I applied for an excellence grant, I also applied for funding from the following organisation, but I have not yet received a definitive answer. I undertake, however, to immediately inform WBI of any additional information concerning this funding application(\*).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding period | Organisation/institution providing the funding | Net amounts received per month/year | Is the amount a grant or salary/wage? | Subject to ONSS (National Office for Social Security) YES/NO |
|  |  |  |  |  |
|  |  |  |  |  |

(\*) Delete where not applicable

Certified sincere

Date and signature