# APPLICATION FORM

Current academic year: _____/_____ 

## Applicant's Details

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<tr>
<th>Title</th>
<th>Given Name</th>
<th>Middle</th>
<th>Surname</th>
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Current Postal Address: _____________________________________________

City____________________ County__________ Postal Code______________

Telephone________________________ E-mail ______________________________

Birth Date________ Country of birth______________________________ Marital Status________

Sex__________ Religious Affiliation___________________________

How did you hear about the IOCS Sabbatical scholarship? ________________________________

## Education/Professional

Please list academic degrees you have earned since secondary school (include the graduation date, institution, and mark/qualification obtained):

_______________________________________________________________________________________

_______________________________________________________________________________________

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Please make sure you also include the official certificates and academic transcripts for all your graduate and post-graduate degrees. Please note that we may require notarized translations into English for these documents.
Please list any articles, books, papers, or other works of significance you have written (include publication name and date):

_______________________________________________________________________________________

_______________________________________________________________________________________

Please list any foreign language(s) you read/speak, noting fluency: _______________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

English Language test (e.g. IELTS)____________________ Place of exam________________________ Result____

Please also include a copy of the English Language Test certificate.

Academic References

Please list two individuals who are to submit references in support of this application and who can be contacted by the Institute for Orthodox Christian Studies:

(1) Name_________________________________ Title/Position_____________________________________
Institution_________________________________ Email Address_______________________________
Relationship______________________________

(2) Name_________________________________ Title/Position_____________________________________
Institution_________________________________ Email Address_______________________________
Relationship______________________________

Please select a 10 week period that would be suitable to you, between 1 August – 31 October 2020:

_______________________________________________________________________________________

Please include a proposal for your doctoral research, no longer than 1,000 words.

I have answered each question truthfully and will abide by the conditions of the award as published and agree to be bound to them if elected to a Sabbatical Scholarship with the Institute for Orthodox Christian Studies:

Date___________________________  Signature ______________________________