

Scholarship application form

First name(s): _____

Family name(s): _____

In order to apply for a scholarship, please fill in the form below.

In addition to this form, you will also have to provide the following documents (as PDFs) on the University of Geneva's registration platform:

1. Proof of your current income (e.g. salary statement, bank statement, tax declaration, employer's letter) – if such proof is not available, please explain why in a document
2. Proof of your family's financial situation (e.g. salary statement, bank statement) – if such proof is not available, please explain why in a document
3. Proof, if applicable, of any financial support you currently receive (e.g. letter from parents, sponsors, scholarship donor)

1. Current Financial Situation

How would you describe your current financial situation? _____

Your total wealth / savings: _____

Your average monthly salary _____

The average monthly financial help you receive from your family _____

The average monthly financial help you receive from a scholarship donor, sponsor, etc. _____

Current Living Expenses _____

How much, on average, do you spend each month in CHF on:

- Food _____
- Rent _____
- Transport _____
- Study materials (books, etc., not tuition fees) _____

Please add any information you would like to specify regarding your financial situation (e.g. do you have any dependents?).



2. Previous education costs

Field of study _____

Degree awarded _____

Dates attended start _____

Dates attended end _____

Annual cost in CHF _____

Means of finance (self-financed, scholarship, other) _____

Institution _____

Type of assistance (loan, scholarship, other) _____

Amount in CHF _____

3. Family financial information

If you are fully dependent, please provide details about the financial situation of your guarantor(s). If you have only one guarantor, please leave the other one blank.

FINANCIAL INFORMATION N° 1

First name _____

Last/family name(s) _____

Date of birth (Day / Month/ Year) _____

Relationship to you _____

Average monthly amount in CHF _____

Gross wealth in CHF _____

FINANCIAL INFORMATION N° 2

First name _____

Last/family name(s) _____

Date of birth (Day / Month/ Year) _____

Relationship to you _____

Average monthly amount in CHF _____

Gross wealth in CHF _____



4. Other request for financial assistance

Have you submitted or will you submit any other applications for financial assistance?

Name of organization _____

Date of submission (past or future) _____

Decision of the organization _____

Amount requested in CHF _____