Research Grant Application



Personal details

Researcher name:	
ID/Passport number	(please attach copy)
Address:	
Contact information:	
Mobile number	_ Email
Additional phone number	
Education and academic background:	: (Please attach degrees/certificates)
Research details	
1. Research area: (Please attach certificat	ion)
Research summary (research plan, goals,	methods, timetable, framework, advisors etc.):

2. Resea	rcher publication list			
3. Recon	nmendations: (Please attach)			
4. Additi	ional funding sources (please	note amount and soul	rce)	
	Declar	ation and under	taking	
I, the undersigned,, bearer of identity card/passport nu			r of identity card/passport number	
		-	ort of the request I have submitted	
	ve a research scholarship fro em) as follows:	om the Center for l	Research on Jerusalem (Soba	
1.		Soba Jorusalom ne	on-profit organization; I do not	
1.			ative of an organization member.	
2.	2. All the details in my application are full, correct, and exact.			
3.	3. I undertake to inform the organization of any change in the details listed.			
4.	4. I am aware that all the details I have transmitted will be the basis for the			
	_	mittee of the orga	nization to provide research	
_	grants.	authorize the ergs	nization to publicize my receipt	
Э.	Should I receive a grant, I authorize the organization to publicize my receipt of the grant including my photograph.			
6.	6. I affirm that I have read and understood the grant award policy and undertake			
	to act in accordance with i	t.		
	Date:		Signature:	
			-	

Please send: office@ajri.org.il