HMC PROJECTS SCHOLARSHIP PROGRAMME 2023 ROMANIA



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

| A. Pers | ona | l Infor | mation |). | | | | | | 1 | | | |
|---|-------------------------|---|----------------|---|---|------------|--|------------|------------|----------------|----------------------------|--|--|
| First name, second name and family name 7 | | | | | | Pre | Prefer to be called オ | | | | | | |
| Thot name, | 30001 | id ridirio di | ria rarriiry r | iamo 🕖 | | 110 | 101 10 00 | ouncu */ | | - | | | |
| 7 Full name | e (as i | n your pas | sport in yo | our own lan | guage with diacrit | ics) Sex | (M or F |]71 | | PH | ОТО | | |
| Date of Birt | h (e.g. | 20 th Septe | ember 200 | 06) 7 | | Cor | Country of Birth 7 Replace the te | | | | text in this cell | | |
| | | | | | | | ricpiac | | | | cent digital | | |
| Place of Bir | th 71 (| town/city) |) | | | Rel | | | | | /le photograph | | |
| | | | | | | | | | | | aken during the t year. | | |
| Full Home | Addres | ss 7 (Stre | et, No., b | lock, etc.) | | | | | | | . your. | | |
| | | | | | | | | | | | | | |
| City/Town 2 | 1 | | | | | Pos | stal Cod | e 7 | | | | | |
| Phone (Hor | | ity code, | | Phone (Mobile) 7 (country code, number) | | | E-mail 7 | | | | | | |
| number) | | | | | | | | | | | | | |
| Country of (| Citizer | nship 7 | N | ationality (a | as in passport) 🗷 | Sec | Second nationality (if you hold dual nationality) 7 | | | | | | |
| B. Educ | catio | on. | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Full Name | of scho | ool you atte | end (in En | glish) 🗷 (+ | city/town) | | | | | | | | |
| Full Name | of scho | ool vou atte | end (in vo | ur language | e, if different) 7 (+ | city/town) | | | | | | | |
| Tairrance | <i>31</i> 30110 | or you all | cria (iii yo | ar language | <u>5, ii dinoront) + </u> | Oity/town) | | | | | | | |
| Name of He | ad/Pr | incipal 7 | | | | | | | | | | | |
| Type of So | hool | Type: [Public or Private] → | | | | | | | | | | | |
| → | | School specialism: [General, Classical, Science or Bilingual] → | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| *If Bilingual | | | - | | anguage), state ir | which lan | | | | | | | |
| Previous | School name + city/town | | | | | | Public | :/Private | Bilingual? | Started (year) | Finished (year) | | |
| schools | | | | | | | | | | | | | |
| → | | | | | | | | | | | | | |
| Class | | | | | | | | | | | | | |
| C. Lang | | | 1 | 2 | | | F6 1 1 | | . | | | | |
| | | How ma | any years? | Hours per week | Course: | School | or Private | ·] | Grades/sco | res | | | |
| English | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1 | | | I | | | | | | | | | | |

| D. Academic, Extracurricular And Persona | al Interests. | | | | |
|--|---|--|--|--|--|
| further information and then list the three or four subjection | essibly four subjects. Please check the advice we give in the ects that you would most like to study. Also list the academic (if any) – please indicate if they are regional, national or | | | | |
| | | | | | |
| | | | | | |
| List the <u>current</u> sports (athletic activities) that you pla | y and for how long (Note team, position, prizes won, if any): ↓ | | | | |
| | | | | | |
| | | | | | |
| List the <u>current</u> performing and visual art forms that in instrument you play; choir/band/orchestra to which yo photography, etc. and for how long). Please note any a | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| List the clubs, organizations or community service groutside school. (Note how long you have been involved) | oups to which you belong – not only within the school but also ed, the purpose of the group, and your role in it.) ↓ | | | | |
| | | | | | |
| What field of study or future career are you considering | ıg? ↓ | | | | |
| | | | | | |
| Have you spent more than one month abroad? If yes, | where, when and how long? ↓ | | | | |
| | | | | | |
| What three words would you choose to describe you | rself? ↓ | | | | |
| | | | | | |
| E Duamento Desference | | | | | |
| E. Programme Preference. We ask that you state which scholarship programme you wish to be considered for. This helps | | | | | |
| the interviewers a great deal and does not in | | | | | |
| Please read the notes about eligibility for a full scholar | rship carefully before completing this section. | | | | |
| Scholarship type | Choice | | | | |
| HMC <u>full</u> scholarship [Yes or No] | | | | | |
| HMC reduced fee scholarship [Yes or No] | | | | | |

| Telephone → (Country 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] 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 Statements: | F. Family Information | on. | | | | | | | |
|---|---|-----------|---------|----------|--------------------|-------------------|------------|-----------------|----------------------|
| Cliving or Deceased] → Cliving or Deceased] → Together, Separated or Divorced] → | | | | | Parent 1 | | | Parent | 2 |
| 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) Mobile Phone → (Country code, number) E-mail → Profession and Job Title→ Name of Employer → (Country code, number) Work phone, if applicable → (Country code, city code, number) Brothers and sisters Name Sex [For M] Age Occupation Living at Home? (Yor N) Participated in this (Yor N) Picase also state whether they would agree to act as a guardian for you in the UK Flease also state whether they would agree to act as a guardian for you in the UK Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | Parents Name in Full → | | | | | | | | |
| Name of Step-parents (if applicable) Full Home Addross → (City, postal code, Street, No.) Telephone → (Country code, city code, number) Modole Prone → (country code, city code, number) Modole Prone → (country code, number) Profession and Job Title → Name of Employer → (Work phone, if applicable → (Country code, city code, number) Brothers and sisters Name Sex [For M] Age Occupation Living at Home? [Yor M] Participated in this program? [Yor M] Program? [Yor M] Program? [Yor M] Prease also state whether they would agree to act as a guardian for you in the UK Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | | | [Livir | ng or De | ceased] - | | [Living | or Deceased] → | |
| Full Home Address → (Clvuty postal code, Street, No.) Telephone → (Country code, city code, number) Mobile Phone → (country code, city code, number) Femail → Profession and Job Title → Name of Employer → Work phone, if applicable → (Country code, number) Brothers and sisters Name Sex [For M] Age Occupation Living at Home? Participated in this program? [Y or M] Program? [Y or M] Program? [Y or M] 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 Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | | | [Toge | ether, S | eparated or | Divorced] -> | _ | | |
| (City, postal code, Street, No.) Telephone → (Country code, city code, number) Mobile Phone → (Country code, number) Profession and Job Title → Name of Employer → Work phone, if applicable → (Country 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] 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 Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countre 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. | | cable) | | | | | | | |
| Country code, city code, number) Mobile Phone → (country code, number) | Full Home Address → (City, postal code, Street, No.) | | | | | | | | |
| 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? Participated in this program? [Y or N] 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 Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | Mobile Phone → | per) | | | | | | | |
| 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] 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 Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | | | | | | | | | |
| Brothers and sisters Name Sex [F or M] Age Occupation Living at Home? Participated in this program? [Y or N] 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 Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | Profession and Job Title→ | | | | | | | | |
| Brothers and sisters Name Sex [F or M] Age Occupation Living at Home? Participated in this program? [Y or N] 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 Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | Name of Employer → | | | | | | | | |
| Name Sex [F or M] Age Occupation Living at Home? Participated in this program? [Y or N] Participated in this program? [Y or N] 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 Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | Work phone, if applicable →(C | ountry | | | | | | | |
| Name Sex [F or M] Age Occupation Living at Home? Participated in this program? Y or N] 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 Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | | 'e | | | | | | | |
| 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 Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | | | or MI | Λαο | | Occupation | | Living at Home? | Participated in this |
| Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | | Sex [F C | JI IVIJ | Age | | Occupation | | [Y or N] | program? [Y or N] |
| Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | | | | | | | | | |
| Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | | | | | | | | | |
| Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | | | | | | | | | |
| Statements: 1. In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. | | | | | | | | | |
| Statements: In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. 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. | If you have friends or re | elatives | in th | e UK p | lease provid | le their full nai | me, relati | onship, and add | dress: ↓ |
| In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. 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. | Please also state whether | er they w | vould | agree to | o act as a gu | ardian for you i | n the UK | | |
| In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. 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. | | | | | | | | | |
| In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. 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. | | | | | | | | | |
| In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. 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. | | | | | | | | | |
| In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. 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. | | | | | | | | | |
| In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. 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. | | | | | | | | | |
| In signing below I give my permission that, if I am awarded and accept a scholarship, my name, countr 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. 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. | | | | | | | | | |
| 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. | | | | | | | | | |
| 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. | | | | | | | | | |
| | 2. My signature below also indicates that all the information given is complete and correct to the best of my | | | | | | | | |
| | | | | · | | Date | | | |
| | | ·/ | | | | | | | |

HMC Projects Scholarship Programme

2023 ROMANIA



Statements

| Full Name of Applicant | |
|-----------------------------------|--|
| | |
| 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 2023 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 2023.
- 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".

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 <u>full scholarship</u>, I confirm that total parental income during 2022 will not exceed the equivalent of £30,000.

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.

Health Declaration

To be completed by the applicant's parent(s) or legal guardian

Please 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 ↓ | | |
| s 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 ↓ | | 1 |

Signature of First Parent or Guardian

Signature of Second Parent or Guardian

Date

School Grades

Please enter your school grades (1-10) 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.

| | | Grade (1-10) | | |
|----------------------------------|-----------------------------------|-------------------|------------------|--|
| Subject | Disciplinele de învăţământ | Previous Class | Current Class | |
| Romanian language and literature | Limba și literatura română | | | |
| English | Limba engleză | | | |
| French | Limba franceză | | | |
| German | Limba germana | | | |
| Latin | Limba latină | | | |
| Mathematics | Matematică | | | |
| Physics | Fizică | | | |
| Chemistry | Chimie | | | |
| Biology | Biologie | | | |
| Civic culture | Cultură civică | | | |
| History | Istorie | | | |
| Geography | Geografie | | | |
| Art | Educație plastică | | | |
| Music | Educație muzicală | | | |
| Technology | Educație tehnologică | | | |
| Computer science | Informatică | | | |
| • | Tehnologia informației și a | | | |
| ICT | comunicării | | | |
| Psychology | Psihologie | | | |
| Economics | Economie | | | |
| Philosophy | Filosofie | | | |
| Religion | Religie | | | |
| Physical education | Educație fizică | | | |
| Behaviour | Purtare | | | |
| | Add any additional subjects below | 1 | | |
| Subject | | Previous Class | Current Class | |
| | | 0.000 | 2,000 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

Additional digital supporting evidence

Please include with your application digital photos of you with your family or friends, say on holiday or at school or just locally, taken in the last 3 years. Please provide a description of each image stating when and where it was taken.

Maximum number of digital photos: 4.

Optional web-based supporting digital material:

Please include **weblinks** to any addition material which you would like to be considered to support your application. Typically, this will include:

- photos of you with family or friends (max.: 4 photos) if you are not providing them as attachments;
- photos of any art work or projects; (max.: 3 photos)
- videos of you involved in activities like art, drama, music performance, sport etc. (max.: 3 video links)

| Description | Weblink |
|-------------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |