

FCT RESEARCH GRANTS

Application Form*

Application ____ - ____ - ____ / ____

To be filled by our Services

To be filled by the candidate

Full name _____

Grant type:

(mark with ✕)

☐ Research Initiation Grant

☐ Research Grant:

- ☐ Master Student
- ☐ Doctorate Student
- ☐ Student of a course that does not grant academic degree

☐ Postdoctoral Research Grant

Project: _____

Activity: _____

(according the announcement)

* Please find attached:

- a) Graduation certificates;
- b) Curriculum vitae;
- c) Additional courses attended (optional).



1. IDENTIFICATION

Full name _____

Place of birth _____ Nationality _____

Date of birth _____

ID or passport number _____ Date _____

Address _____

ZIP Code _____ City/Country _____

Telephone _____ E-mail _____

2. QUALIFICATIONS

High School: Year _____ Institution _____ Classification degree _____

Bachelor: Year _____ Institution _____ Classification degree _____

Degree: Year _____ Institution _____ Classification degree _____

Master: Year _____ Institution _____ Classification degree _____

PhD: Year _____ Institution _____ Classification degree _____

3. IF YOU HAD A PREVIOUS RESEARCH GRANT, PLEASE SPECIFY:

Grant _____ Institution _____ Period _____

Grant _____ Institution _____ Period _____

Grant _____ Institution _____ Period _____

Grant _____ Institution _____ Period _____

_____ , _____

Signature