



**DAFI Scholarships for Refugees in Yemen - University Year 2020/2021**  
**Application for Educational Assistance**

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*NOTE: Closing date of submission is the 20May 2020. Late applications received after closing date will not be considered. All necessary supporting documents, such as copy of refugee registration certificate and High School Certificate must be attached to this form. Incomplete application will not be processed.*

*Send your complete application to [dafi.yemen@intersos.org](mailto:dafi.yemen@intersos.org) or bring it back to one of INTERSOS offices.*

***Please note: You may only submit ONE application – either electronic or in hardcopy!***

**Instructions:**

- 1- Complete all parts of the application in **ENGLISH**. Application Ref. No. \_\_\_\_\_
- 2- Place X in the appropriate box provided.

Date: -----

UNHCR refugee Certificate No./Proof of Registration No. \_\_\_\_\_

**Part I – Applicant’s Personal information**

Full Name: \_\_\_\_\_  
 (First Name) (Second Name) (Third Name) (Family Name)

Gender: Male  Female

Place and Date of Birth: \_\_\_\_\_  
 (Country) (Town or Village) (Day) (Month) (Year)

Nationality: \_\_\_\_\_



Date of Arrival to the country/ Yemen: \_\_\_\_\_

(Day) (Month) (Year)

Marital Status:  Single  Married  Divorced  Widowed

Current Residential Address:  Urban  Camp

If Urban indicate: (City) (District) (Street Name)

\_\_\_\_\_

If Camp, indicate the district/village/block: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_ Other Mobile No: \_\_\_\_\_

**Disability/Special Needs:** According to the United Convention on the Rights of People with Disabilities, Article 1 disability is defined as:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

Please indicate whether you or a member of your family has a disability or special needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Visual impairment** (Person who has a visual limitation from birth or resulting from illness, infection, injury or old age, which impacts daily life, may restrict independent movement, or require on-going treatment, special education or regular monitoring).
- Hearing impairment**(Person who has a hearing limitation from birth or resulting from illness, infection, injury or old age, which impacts daily life, and may require regular treatment, special education, monitoring or maintenance of artificial hearing device. The person may be able to communicate through sign language).
- Moderate mental disability** (Person who has a mental or intellectual impairment from birth or resulting from illness, injury, trauma or old age, which does not significantly limit the ability to function independently and interact, but may require special education, some monitoring and modest medication).

- Severe mental disability** (Person who has a mental or intellectual impairment from birth or resulting from illness, injury, trauma or old age, which significantly limits the ability to function independently or to pursue an occupation. It requires assistance from a caregiver, and may require medication and/or medical treatment.)
- Moderate physical disability** (Person who has a physical impairment from birth or resulting from illness, injury, trauma or old age, which does not significantly limit the ability to function independently. This category may include mine victims and persons who lost fingers or limbs, which may be corrected with a prosthetic device.)
- Severe physical disability**(Person who has a physical impairment from birth or resulting from illness, injury, trauma or old age, which severely restricts movement, significantly limits the ability to function independently or pursue an occupation, and/or requires assistance from a caregiver).
- Speech impairment** (Person who is unable to speak clearly from birth or resulting from illness, injury, trauma or old age, which restricts or limits the ability to function independently, and may require speech therapy or medical intervention).

\_\_\_\_\_

**Family Background**

Father's occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Father's country of residence: \_\_\_\_\_ Mother's country of residence: \_\_\_\_\_

Average family monthly income: \_\_\_\_\_

How much are you paying monthly for residence (if applicable)? \_\_\_\_\_

Number of siblings in the family (including applicant): \_\_\_\_\_

**Please fill out information below about your siblings/ spouse if married or other dependents:**

Name	Age	Relationship	Educational Attainment	If working, indicate where they work and their average monthly income


**Part II – Previous Education**

**High School:**

Name of High School Graduated from: \_\_\_\_\_  Public  Private

Country of High school: \_\_\_\_\_

High school certificate Stream: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

High school grade: \_\_\_\_\_

**Universities or institutions: (in case you are pre-enrolled in a university or were and didn't continue and applying for financial aid)**

Name of University	Country	No. of years or credit hours completed	Field of study	Degree obtained

**Languages:**

Please rate as: E = Excellent, G = Good and F= Fair.

**Mother tongue**      Read    Write    Speak

\_\_\_\_\_

**Other languages**

\_\_\_\_\_

\_\_\_\_\_

Have you completed any English courses in Yemen or elsewhere? If so, please state where, when and for how long:

\_\_\_\_\_

**PART III – Previous employment experience:**

Please list all previous or current employments you have had, beginning with the most recent.

Name of company/institute/other	Title of position	Country	Attended From/To		Salary Per Month
			Mo./Year	Mo./Year	

**Voluntary work experience:**

Name company/institute/other	Title of position	Country	Duration (from – until)

**PART IV – PLANNED EDUCATION**

**Proposed field of study:**

What is your preferred field of study? Please list your top three choices (Please note that ONLY the First Choice will be taken into consideration):

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Length of time expected to complete programme of study in years: \_\_\_\_\_

**Motivation:**

Please state in a few lines your motivation to study your preferred field of study (be as specific as possible):

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Has the applicant received a scholarship previously? If so, please provide details.

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Is the applicant in the process of applying for other scholarships? If so, please provide details.

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**Your Student Status**

Select any of the following statements which best describes your status as a student:

- I have completed my high school in Yemen and got my High Secondary School certificate.
- I have completed my high school outside Yemen, but I do not have any certificates.
- I have completed my high school outside Yemen and have the original certificate.
- I have completed my high school outside Yemen and have certified copy of the original certificate.
- I have already applied to university, but I have not been accepted yet.

- I have been accepted to university, but I have not started classes yet.
- My studies at university were interrupted when I fled my country.
- My studies at university were interrupted in Yemen.
- I am currently attending university.

If you are already enrolled and currently studying at the university, please attach documentation confirming you are registered as a student.

**Documents needed to be attached to the application:**

- Recent Photo
- A photocopy of original high school certificate certified by the relevant ministries.
- A photocopy of transcript certified by the relevant ministries (for students who were enrolled in a university before).
- A photocopy of UNHCR refugee certificate/proof of registration no.

All requirements are complete  Yes  No, If No please indicate what your missing documents are:

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I certify that my statements in response to the foregoing questions are true, complete and accurate to the best of my knowledge and belief and I understand that false information given in this application will affect my chances of selection and continued sponsorship.

\_\_\_\_\_  
**Name and signature of applicant**

<p>Sana'a, Hadda'a, Drop-in-Center (DC), Near to the German Embassy From Sunday until Thursday From 8:00AM until 4:00PM</p>	<p>Aden, Khormakser October area, in front of Saba Hall From Sunday until Thursday From 8:00AM until 4:00PM</p> <p>Aden, Basateen, Drupe-in- Center (DC), Near to Basateen Police Office From Sunday until Thursday From 8:00AM until 4:00PM</p>
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<p>Lahj, Kharaz Camp Kharaz Camp for Refugees From Sunday until Thursday From 8:00AM until 4:30PM</p>	<p>Hadramout, Mukala 40 flat street, in front of Qasr Batahf From Sunday until Thursday From 8:00AM until 4:00PM</p>
<p>Ibb, Al-Dehar Near to Higher Institute of Health Sciences From Sunday until Thursday From 8:00AM until 4:00 PM</p>	<p>Ibb, Al-Qadah OSAC Al-Markazi street, in front of Al-Rahman Mosque From Sunday until Thursday From 8:00AM until 4:00 PM</p>
<p>Contact: Project Manager: Malek Saeed (774916535); Education officer Sana'a:Dania (774707160); Education officer Aden: Mohammed Kamal (739494946)</p>	