

Prijavnica za udeležence programa Fulbright 2017, ki prihajajo v Republiko Slovenijo (209. JR)
Application for the Participants of the Fulbright Program 2017 coming to the Republic of Slovenia (209. JR)

1. SPLOŠNI PODATKI / GENERAL INFORMATION

1.1. Osební podatki / Personal data:

ime in priimek / first (middle) and last name

datum rojstva / date of birth

spol / gender

1.2. Stalno prebivališče / Permanent residence:

polni stalni naslov / full permanent residence address

1.3. Začasni naslov v Sloveniji / Temporary address in Slovenia:

polni začasni naslov v Sloveniji / full temporary address in Slovenia

1.4. Kontaktni podatki / Contact details:

Telefon / Phone (incl. international and area codes)

primarni e-poštni naslov / primary e-mail address

Mobilni telefon / Mobile phone (incl. international and provider codes)

dodatni e-poštni naslov / secondary e-mail address

2. ŠTIPENDIJA ZA GOSTOVANJE v Sloveniji / VISITING SCHOLARSHIP in Slovenia

Prijavljam se tudi za stroške obveznega zdravstvenega zavarovanja v Republiki Sloveniji:
I also apply for the cost of health insurance in the Republic of Slovenia:

☐ DA / YES

☐ NE / NO

Izjavljam, da mi je bilo s strani pristojnega organa v ZDA odobreno gostovanje v programu:
I declare, that I was approved by the relevant authority in the USA to conduct a visit in the
Republic of Slovenia under the program:

☐ Fulbright Scholar Program

☐ Fulbright Student Program

Naziv gostujoče institucije / Host institution in Slovenia

Datum začetka gostovanja / Begin your project in Slovenia

3. IZJAVE / STATEMENTS

2.1. Izjave in dovoljenje kandidata / Statements and Permission of the Candidate

Izjavljam, da:

- sem državljan Združenih držav Amerike;
- sem seznanjen, da na podlagi 66. in 139. člena Zakona o splošnem upravnem postopku uradna oseba, ki vodi postopek, iz uradnih evidenc pridobiva podatke, ki so potrebni za ugotavljanje dejanskega stanja in dejstev, pomembnih za odločanje v tem postopku;
- so vsi podatki v vlogi popolni in resnični.

Izrecno dovoljujem Javnemu štipendijskemu, razvojnemu, invalidskemu in preživninskemu skladu RS obdelavo mojih osebnih podatkov za namen vodenja postopka pridobitve štipendije in izvajanja štipendijskega razmerja, če mi bo štipendija odobrena.

Hereby I declare, that:

- I am a citizen of the United States of America;
- I know that based upon Articles 66 in 139 of the General Administrative Procedure Act the official, responsible for the procedure, can obtain information from official sources, needed to establish the situation and facts, important for decision in this matter;
- all information in application documentation is full and true.

I specifically allow Public Scholarship, Development, Disability and Maintenance Fund of the Republic of Slovenia to process my personal data for the purpose of the procedure of application for the scholarship and the management of this scholarship, should one be awarded to me.

kraj, država / city, country

datum / date

podpis kandidata / signature of applicant