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|  | | | | | | **טופס בקשה למלגת שילוב לימודים לתכנית** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | |
|  | | | | | | **מרכז נוער שוחר מדע - האוניברסיטה העברית** | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | |  | | | | | | |  | | |  | | | | | |
|  | | | | | יש למלא את השאלון בכתב יד קריא וברור | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | | | | | | | | |
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| **פרטי התלמיד:** | | | | | | | | | | | |  | | | | | |  | | | | |  | |  | | |  | | | | |  | | | | |  |  | | | | | | | | | | | | | |
| שם פרטי: | | | | |  | | | | | | |  | | | |  | | | | | שם משפחה: | | | | | |  | | | |  | | | | |  | | | | | | |  | | |  | | |  | | | | | | | | |
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| מס' ת.ז: | | | | |  | | | | | | |  | | | |  | | | | | מין : | | | | | | ז | | | | נ | | | | |  | | | | | | |  | | |  | | |  | | | | | | | | |
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| רחוב: | | | | |  | | | | | | |  | | | |  | | | | | מס' בית: | | | | | |  | | | |  | | | | |  | | | | | | |  | | |  | | |  | | | | | | | | |
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| ישוב: | | | | |  | | | | | | |  | | | |  | | | | | טלפון/ סלולרי: | | | | | |  | | | |  | | | | |  | | | | | | |  | | |  | | |  | | | | | | | | |
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| כתובת מייל: | | | | |  | | | | | | |  | | | |  | | | | |  | | | | | |  | | | |  | | | | |  | | | | | | |  | | |  | | |  | | | | | | | | |
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| שם ביה"ס : | | | | |  | | | | | | |  | | | |  | | | | |  | | | | | |  | | | |  | | | | |  | | | | | | |  | | |  | | |  | | | | | | | | |
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| **פרטי הורים:** | | | | | | | | | | | |  | | | | | |  | | | | |  | |  | | |  | | | | |  | | | | |  |  | | | | | | | | | | | | | |
| שם האב: | | | | |  | | | | | | |  | | | |  | | | | | שם האם: | | | | | |  | | | |  | | | | |  | | | | | | |  | | |  | | |  | | | | | | | | |
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|  | | | | | סמן: עצמאי/שכיר/מובטל/גמלאי | | | | | | | | | | | | | | | | סמני: עצמאית/שכירה/מובטלת/גמלאית | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |
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|  | | | | | סמן: נשוי/גרוש/אלמן/חד הורי | | | | | | | | | | | | | | | | סמני: נשואה/גרושה/רווקה/אלמנה/חד הורית | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| טלפון: | | | | |  | | | | | | |  | | | |  | | | | | טלפון: | | | | | |  | | | |  | | | | |  | | | | | | |  | | |  | | |  | | | | | | | | |
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| מספר אחים עד גיל 18 : | | | | | | | | | | | |  | | | | | |  | | | | |  | |  | | |  | | | | |  | | | | |  |  | | | | | | | | | | | | | |
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|  | | | | | **סיבת בקשה למלגה:** | | | | | | | | | | |  | | | | |  | | | | | |  | | | | |  | | | |  | | | | | | |  | | | |  | | |  | | | | | | | |

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|  | | | | **יש לצרף מסמכים נלווים:** | | | | | |  | |  | |  | |  | |  | | |  | | | |  | | | |
|  | | | |  | | | | צילום תעודת זהות של אחד ההורים כולל ספח | | | |  | |  | |  | |  | |  | | |  | | | | | |
|  | | | |  | | | | תלושי שכר של שני ההורים משלושת החודשים האחרונים | | | | | | | |  | |  | |  | | |  | | | | | |
|  | | | |  | | | | אישורים רפואיים | |  | |  | |  | |  | |  | |  | | |  | | | | | |
|  | | | |  | | | | מענקים או קצבאות מביטוח לאומי | | | |  | |  | |  | |  | |  | | |  | | | | | |
|  | | | |  | | | | אישור מלשכת הרווחה | |  | |  | |  | |  | |  | |  | | |  | | | | | |
|  | | | |  | | | | אישור על סטטוס משפחתי | |  | |  | |  | |  | |  | |  | | |  | | | | | |
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|  | | | | כל בקשה תבדק לגופה, ההחלטה תתקבל בהתאם למיד שמצוי בפני הועדה בעת הדיון. | | | | | | | | | | | | | | |  | | |  | | |  | | | |
|  | | | | **לתשומת הלב: ללא צילום ת.ז ותלושי שכר והאישורים הנדרשים, לא נוכל לדון בבקשתך.** | | | | | | | | | | | | | | | | | |  | | |  | | | |
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