**STATEMENT ABOUT ELIGIBILITY**

**FOR THE STUDENTS AT RISK PROGRAMME**

I hereby confirm that I had a student status at a recognised educational institution in Ukraine on 24 February 2022 and fled to Hungary because of the war in Ukraine.

I confirm that on 24 February 2022 I had a student status according to the following information:

* Name of Ukrainian educational institution: …………
* Location of the Ukrainian educational institution (city): …………
* Location of the Ukrainian campus (city): ………*only answer this field if you are a higher education student*
* Name of study programme: …………
* Study level (secondary education/bachelor/master/doctoral/other-please specify): …………

I confirm that the information I provided on the online application form regarding the Ukrainian education institution and the details about the study programme that I attended with a student status on 24 February 2022 is accurate, true and matches the information on this statement.

I confirm that I am a citizen of Ukraine or a country that is involved in the Students at Risk Programme (and ultimately the Stipendium Hungaricum Scholarship Programme). I confirm that I do not have Hungarian citizenship, even if I have dual citizenship.

* I confirm that I ……*(have/do not have)*…… dual citizenship.
* I confirm that my citizenship is / citizenships are …………*(and)*…………

I confirm that I have read, understood, and agree to the content of this statement related to my participation in the Students at Risk Programme, the subprogramme of the Stipendium Hungaricum Scholarship Programme.

I confirm that all information I provided as part of the application and enrolment process is, to the best of my knowledge, accurate and true. I also declare that all information provided by me on the online application surface of Tempus Public Foundation – including the content of all uploaded documents – are true and correct to the best of my knowledge and belief. I am fully aware that false statements will disqualify me from the Student at Risk Programme. I am fully aware that false statements will also disqualify me from the Stipendium Hungaricum Scholarship Programme for 10 years.

I understand that if I am under the age of 18 at the time of submitting the application, my parent or legal guardian must also sign this Statement.

Date: …………

Name: …………

Signature of Applicant:

Signature of Parent or Legal Guardian (in the case of applicants under the age of 18):