**Loan Application Form**

**Last Name:**

**First Name:**

**ID / Passport:**

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone (Cell):**

**FGS Status:**  **MSc  PhD  Postdoctoral Fellow**

**Marital Status:**  **Single  Married  Parent**

**Spouse:  Employed  Unemployed  FGS student**

**Past FGS Loans:  None  Received  Paid** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NIS**

**Spouse:  None  Received  Paid** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NIS**

**Requested amount:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NIS**

**Payments Over:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Months**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_  **Date: Click to enter the date**

**Dean's Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_  **Date: Click to enter the date**

**Undertaking for Repayment of Loan**

Full name:

Citizenship:   
  
Passport/ID number:

Status at the FGS:  Student  Postdoc

Requested loan amount (in NIS):

Monthly repayment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of equal monthly repayments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First repayment from the month of receiving the loan  First repayment from the following month of receiving the loan

I, the undersigned, hereby declare, confirm and undertake as following:

1. As per my request, the Weizmann Institute of Science (“the Institute”) has agreed to grant me an interest-free loan in the amount stated above (hereinafter: “the Loan”).
2. I hereby undertake to repay the loan in equal, monthly payments as detailed above. I note your agreement that I am entitled to repay the unpaid balance of the loan, in full or any part thereof, at any time.
3. I hereby irrevocably instruct the Institute to deduct the monthly repayment from the fellowship I am entitled to receive, until full repayment of the loan.
4. I also confirm that should my training or studies at the Weizmann Institute be terminated before the repayment of the loan is completed, I hereby agree to pay the remaining balance of the loan in one installment (unless approved otherwise under special circumstances.
5. I confirm that the above is clear to me and that I have received all relevant information related thereto.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click to enter the date