Student Affidavit - Research Fund Based Scholarship

1. I hereby declare that all the details provided in this form are correct, complete and up-to-date. I am aware that submitting inaccuracies and / or incomplete information or providing details that are not updated can serve as grounds for denying my eligibility for a scholarship. I also declare that I have health insurance for the planned period of my stay in Israel.

2. I, the undersigned, _____, (a.k.a. **The Student**) commit that if awarded a scholarship based on research funds, it will be used solely for purposes of my participation in the research project headed by _____ (a.k.a. **the researcher**) in the subject of _____.

3. There is a clear academic connection between the subject of the research and my current/previous studies. With this regard, "Academic Connection" – A clear academic connection between the research subject and/or tasks required to complete the project, and my current/previous academic studies. I am aware that my participation in this research project will allow me to obtain tools and skills that will benefit me in my studies, including statistical tools, research management skills, etc., and will be considered as participation that maintains a research link ("Academic connection").

4. I have not been asked to provide compensation for the scholarship awarded and if asked to do so I will decline. I will not complete any type of services for Reichman University. I will not work for Reichman University and will not fill any position at Reichman University for the scholarship awarded to me.

5. I hereby declare that I am currently not receiving a salary from Reichman University, and in the event that I receive a salary from Reichman University, I shall immediately inform the Research Authority (no later than 7 days after I became aware of it)

6. I am aware that a breach of my obligations may result in the cancellation of the scholarship and a demand to return the money.

Reichman University (IDC Herzliya) | **Research Authority**
Public Benefit Company P.O.Box 167, Herzliya 4610101, Israel | www.idc.ac.il | Tel: + 972 9 9502426 | Fax: +972 9 9527268
research@idc.ac.il

7. I am also aware that, according to the rules and regulation, IDC may cancel my scholarship at any time, if a situation should arise that I do not fulfill my research requirements or discontinue my studies at Reichman University (whether on my own or Reichman University's initiative). If given under false pretense, Reichman University may cancel the scholarship on its own accord, as well as if found that I have committed a disciplinary violation. In any case of cancelation of my scholarship I will be required to return all the funds received from Reichman University in installments that will be decided by Reichman University. Cancelation of my scholarship may be without early notice.

8. I am aware that the Israel Tax Authority exempts any tax from a scholarship awarded to students for academic funding. Given that, the scholarship has been awarded to the student while studying at an academic/research center, as long as the student has not given any compensation to said academic center. With this regard, scholarship also means a grant, award, or exemption from payment. A scholarship that does not meet the Israel Tax Authority's requirements, i.e. it was given as a result of services by the student will not be tax exempt. As a result, I may be required to pay taxes in the future, from my own funds, out of the scholarship awarded. The tax payment may be deducted either in advance or in any other form and I hereby consent in advance.

9. I will keep copy of this affidavit, on which I have signed by hand, and forward only a scanned copy of it to Reichman University. I agree and affirm that the scanned copy that will be sent to Reichman University is binding evidence of my agreement to the aforementioned paragraphs and may be used as such in a court of law.

10. With the following signature, I affirm that I have read all articles and agree to them.

_____

Student's Signature

_____

Date

_____

I.D. / Passport #