



Application form for the Moroccan Scholarships Academic year 2026 - 2027

***All fields must be completed.**

1- Check the box for your requested study level

Bachelor's degree master's degree Doctorate Medical specialty
Others (to be specified):

2- Have you ever received a training in Morocco: Yes No

2-1. **If yes**, check the sector: Public Private

2-1-1 If Public

- AMCI registration # :
- City:
- Institution:

Did you obtain a diploma: Yes No

- If yes:**
- Name of the obtained diploma:
 - Graduation year:

3- Identity: (as shown in your ID)

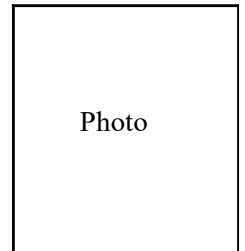
- 3-1. Type of ID: Passport Others :
- 3-2. ID number :
- 3-3. First name :
- 3-4. Last name :
- 3-5. Gender :
- 3-6. Date of birth (DD/MM/YYYY) :
- 3-7. Country of birth :
- 3-8. City of birth :
- 3-9. Nationality (Country):

4- Contact information:

- 4-1. Residence country :
- 4-2. City :
- 4-3. Zip code :
- 4-4. Mailing address:
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- 4-5. Email address (E-mail):
- 4-6. Phone (including indicative):

5- Filiations:

- 5-1. First and Last name of father:
- 5-2. Occupation:
- 5-3. First and Last name of mother:
- 5-4. Occupation:
- 5-5. First and Last name of guardian:
- 5-6. Occupation:



Photo

6- Educational background:

6.1.Details of high school studies (for all applicants)

School name:

Study program:

GPA: 1st year / 2nd year / 3rd year

GPAX (x.xx):

6.2.Details of higher education (for candidates for Master / Doctorate degrees)

Obtained degrees (Master/Doctorate)	Types of diploma (Sciences/Arts/... etc.)	Course/Major	Year	General average	Institutions

7- Training requested by order of preference (for all applicants)

Institutions	Branches	Cities	Degrees to be obtained

8- Doyouacceptadifferenttraining ifl isofferedtoyou? Yes No

Note:

- Incomplete files may not be considered by the Moroccan side.
- Final provision of scholarship is completely and fully decided upon by the Moroccan side.

Signature.....

(.....)

Date.....