



APPLICANT ACKNOWLEDGMENT & DATA PROCESSING CONSENT FORM

** (To be submitted only if an Organization Representative is applying on behalf of the applicant/nominee or if the applicant is applying through an organization).*

Applicant (Nominee) Name: _____

Program Title: _____

Host Institution: _____

ACKNOWLEDGMENT OF APPLICATION TERMS

Please place your initials beside each statement:

I, the undersigned applicant (student), confirm that:

___ The information provided in my application, and any accompanying documents is true, complete, and accurate to the best of my knowledge.

___ I understand that submission of this application does not guarantee selection or funding.

___ I will promptly notify PAMA in writing if any details in my application change prior to or during the fellowship period.

RETURN-TO-SERVICE COMMITMENT

___ If selected for fellowship support, I agree to return to Palestine upon completion of the program and to contribute my acquired skills to the Palestinian healthcare sector in alignment with PAMA's mission and fellowship terms.

VISIBILITY AND STORYTELLING AUTHORIZATION

___ I grant PAMA the right to use my name, image, fellowship details, and related materials for donor reporting, awareness campaigns, and other public communications, in accordance with PAMA's visibility and fundraising requirements.

ALUMNI NETWORK PARTICIPATION AGREEMENT

___ I agree to be included in PAMA's Alumni Network and to participate in reasonable alumni engagement activities intended to promote professional exchange, mentorship, and capacity-building within the Palestinian healthcare community.

CERTIFICATION AND DATA PROCESSING CONSENT



PALESTINIAN AMERICAN
MEDICAL ASSOCIATION
(PAMA)

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_____ I certify that the information provided in my application is complete and accurate to the best of my knowledge.

_____ I consent to the collection, storage, and processing of my personal data by PAMA for the purposes of application review, award administration, compliance monitoring, and reporting to donors and relevant stakeholders.

_____ I understand that my data will be handled in accordance with applicable data protection regulations and PAMA's internal policies.

Signature (Applicant): _____

Full Name (Applicant): _____

Date: _____