



GRANT TERM - SCHOLARSHIP IN BRAZIL

I - GRANTOR

- a) Name: Brazilian Federal Agency for Support and Evaluation of Graduate Education à Capes
- b) Agency's ID (CNPJ): 00.889.834/0001-08
- c) Address: Setor Bancário Norte, Quadra 02, Lote 6, Bloco L, Brasília-DF, Zip Code: 70040-020.
- d) Legal representative of the concession: Vanessa Fernandes de Araújo Vargas
- e) Grantor directorate: Diretoria de Relações Internacionais - DRI

II - GRANTEE

- a) Process number:
- b) Name:
- c) Nationality:
- d) ID number:
- e) Passport (foreigners):
- f) Address:
- g) Main e-mail:

2. ON THE COMMITMENT

i. By this Grant Term and Scholarship Acceptance, the grantor, hereinafter referred to as CAPES, and the grantee, hereinafter referred to as BENEFICIARY, above qualified, undertake among themselves and, in compliance with the terms, norms, regulations, criteria and guidelines present in the respective selection instrument and in the Regulations for Scholarships Abroad and their alterations, assuming, irrevocably and irreversibly, for purposes of compliance with the object, the commitments and obligations set out in the following clauses, according to the concession details below:

- a) Selection means:
- b) Program Name:
- c) Program E-mail:
- d) Modality:
- e) Hosting Institution Name:
- f) File Start Date:

2. ON THE BENEFITS

Grant	Unit Value	Parcels (up to)	Total
Health insurance allowance	R\$	1	R\$
Monthly stipends	R\$	1	R\$
Settling-in allowance	R\$	1	R\$
Travel allowance	R\$	1	R\$

3. ON THE DEMANDS



Ministry of Education - MEC
Brazilian Federal Foundation for Support and Evaluation of Graduate Education - CAPES
Setor Bancário Norte, Quadra 2, Bloco L, Lote 06
CEP 70.040-031 - Brasília, BRAZIL

- i. Dedicate wholly and exclusively to the development of the intended studies or research at the host institution in Brazil, consulting previously CAPES about any changes to the activities plan.
- ii. Be aware that Capes will not grant any amount or benefit other than the ones established in the norms applicable to the concession.
- iii. Do not accumulate other federal Brazilian scholarship for the same purpose. The improper accumulation shall carry the cancellation of the scholarship, with total reimbursement to CAPES.
- iv. Do not interrupt or withdraw from the program without a justification to be previously presented to CAPES.
- v. To remain in Brazil for the entire period of the concession and to request in advance to Capes, at least 30 days in advance, permission to travel being those related or not to the study plan or research project, without jeopardizing the deadline established for the conclusion of the work
- vi. Contract a health insurance with the greatest coverage possible in Brazil, that must cover, compulsorily, funeral repatriation and monitoring of at least one relative in case of serious occurrences.
- vii. Send Capes a purchase statement and a copy of the health insurance policy within no more than 30 days as of the day of arrival in Brazil, under penalty of suspension of payment of benefits.
- viii. Comply with the standards, norms and laws of Brazil.
- ix. Be responsible for your CPF registration.
- x. Be entirely responsible for any illegal acts of civil or criminal nature.
- xi. Bear the responsibility of any facts or events that result in damage against me or against others.
- xii. Refrain from consuming drugs or illegal substances, carrying guns or performing any activities involving risk to my life or to my physical integrity.
- xiii. Be responsible for the purchase and carriage of continuous and controlled medication, when applicable.
- xiv. Inform Capes of any discovery, invention, technological innovation, or any other production that produces intellectual property or rights protection, held during the scholarship;
- xv. Return to my home country no more than 30 days after the end of the research period at the host institution, having concluded the activities proposed in the work plan.
- xvi. Repay Capes any benefits paid and not utilized for their specific purposes by virtue of the anticipated completion of the activities.
- xvii. By signing this term, I declare to be aware that the scholarship may be suspended or canceled in case of indications of infringement to this Grant Term.

In agreement, _____

(City-Country) (Date)

Signature