

SCHOLARSHIP APPLICATION

Surname: _____

First name: _____

Swedish Personal Number or Date of birth (year-month-day): _____

Nationality: _____

Address (in Sweden if available): _____

Academic degree or points (credits) before the admission to the Stockholm University:

Course (incl number of credits) you are registered at the Stockholm University:

Kind of scholarship applied for ☐ Undergraduate ☐ PhD ☐ Post doc

Subject of project for scholarship: _____

Supervisor: _____

Date:

Signature of applicant: _____