

**To the Board of
THE SWEDISH-SPANISH FOUNDATION FOR THE PROMOTION OF EDUCATION AND
STUDIES**

c/o Sveriges Allmänna Utrikeshandelsförening, Box 5501, SE-114 85 STOCKHOLM, Telefon +46(0)-705 68 80 50, Fax +46(8)-660 94 11
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Please print.

Name	Date of birth (yy mm dd)	Citizenship
Address	Postal code	City
Telephone (include country and area code)	Cellphone (include country and area code)	
E-mail		

The undersigned hereby applies for a scholarship

State present occupation, seat of learning (name and city) or employer

OTHER SCHOLARSHIPS

I have held, I have or I expect to receive the following scholarships (including ERASMUS/Sokrates-scholarships), name, amount, period

MY QUALIFICATIONS (State the qualifications you want to refer to. Copies of certificates have to be enclosed)

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KNOWLEDGE OF THE SWEDISH LANGUAGE

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PLANNED STUDIES

My planned studies in Sweden, seat of learning. Topic and motives for receiving a scholarship are the following (please note that the motive must be other than that it is expensive to live in Sweden)

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Please note! A RECOMMENDATION from the present educational institution OR an ADMISSION CERTIFICATE from a Swedish University MUST BE ENCLOSED

If this application is successful, I intend during the duration of the scholarship

A) to devote all my working hours to studies according to the following plan

B) alternatively, to pursue wage-earning work parallel to the studies, working time can be estimated to require, hours/day, at ...

The period of the studies (beginning and ending date)

If I am awarded a scholarship, I bind myself to follow the scholarship foundation's regulations, in which I have taken part.

FURTHER INFORMATION

SIGNATURE

Place and date

Signature

Name in capital letters

If incomplete or wrongly filled in the application will not be considered!

IMPORTANT! The application has to be received by the fund March 15.

(November 15 for fall semester studies)