

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

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Please print.

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

The undersigned hereby applies for a scholarship

Present occupation, seat of learning (name and city) programme, employer

OTHER SCHOLARSHIPS

Earlier and/or expected scholarships, name, amount, year (e.g ERASMUS, Swedish-Spanish Foundation etc.)

MY QUALIFICATIONS

(State your qualifications in your own words what you want to refer to. Copies of certificates have to be enclosed as verification only)

KNOWLEDGE OF THE SWEDISH LANGUAGE

PLANNED STUDIES (PLEASE WRITE BRIEFLY)

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)

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, even doctorate studies must be mentioned

Period of the studies for which the scholarship is applied for

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

FURTHER INFORMATION

[Large empty box for further information]

SIGNATURE

Place and date	
Signature	Name in capital letters

If incomplete or wrongly filled in the application will not be considered!
The application has to be received by the fund not later than September 15.