

Application Form

First name:	
Family name:	
Gender:	
Date of Birth:	
Nationality:	
Email address:	
Student number:	
Study program at ArtEZ:	
<input type="checkbox"/> Bachelor <input type="checkbox"/> Master	
Country of destination:	
Reason for stay abroad:	<input type="checkbox"/> internship <input type="checkbox"/> study <input type="checkbox"/> Research
Company or institute where internship or exchange will take place:	
Internship/ study dates:	
Expected amount of ECTS:	

I am following a full-time programme at ArtEZ	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will use the scholarship for studying, doing research or an internship with a minimum duration of 7 weeks and a minimum of 10 ECTS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My study, research or internship will take place in a country outside the EEA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
My study, research or internship will take place fulltime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have added a letter of recommendation that attests my excellence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have added a letter of motivation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I confirm that I have read all the information for the ArtEZ Scholarship and accept all conditions concerning the scholarship:

Date:

Signature:
