

## SCHOLARSHIP DECLARATION

I herewith confirm that student:

Surname:	
Given Names:	
Date of birth:	
Nationality:	
<b>Shall receive</b>	
Name of Scholarship:	
Start date of scholarship:	(dd/mm/yy)
End date of scholarship:	(dd/mm/yy)
For a period of:	(number of months)
Study programme HU:	
Total amount of scholarship (include the valuta	

Please place details of the institution distributing the scholarship signed by an authorised person:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of authorised person granting the scholarship

\_\_\_\_\_  
Signature authorised person

\_\_\_\_\_  
Stamp of institution/university