

Application Form

ALICE OCH HELGE KÄLLSSONS STIFTELSE

Alice & Helge Källsson's Memorial Foundation

Family name	First name	Title	Date of birth
Postal Address			Telephone/e-mail address
Amount applied			
Reason for application			
Personal background (degrees, employment etc))			
Personal references			
Civil status	Last annual income	Last annual income of spouse	Received scholarships
No of children to support	Wealth	Wealth of spouse	
Additional information			

Place and date

.....

Signature of applicant

.....

Please send the application to:

Alice o Helge Källssons Stiftelse
PO Box 900
SE- 531 19 LIDKÖPING
Sweden

or by e-mail: info@thun.se

Annual application deadline: February 15th