Application Form

ALICE OCH HELGE KÄLLSSONS STIFTELSE

Family name		First name	Title		Date of birth
Postal Address					Telephone
Amount applied			E-mail		
Reason for application					
Personal background (degrees, employment etc))					
Personal references					
Civil status	Last annual inco	ome Last annual income o	f spouse	Received scholarships	
No of children to support	Wealth	Wealth of spouse	Wealth of spouse		
Additional information					
Place and date F			Please send the application to:		
			Alice o Helge Källssons Stiftelse PO Box 900 SE- 531 19 LIDKÖPING Sweden		
Signature of applicant		··· o	r by e-mail	: info@thun.se	

Annual application deadline: February 15th