

# 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 (mentor/supervisor/school)			
Banking details	Last annual income	Received scholarships	
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**