

Application Form

ALICE OCH HELGE KÄLLSSONS STIFTELSE FÖR UTBILDNING OCH FORSKNING

First name and family name	Title	Date of birth
Postal Address		Cell phone
Applying for (amount)	E-mail	
Reason for application		
Personal background (degrees, employment etc)		
Personal references (mentor /supervisor /school)		
Last annual income	Banking details	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

or by e-mail to: info@thun.se

Annual application deadline: February 15th