



APPLICATION FORM

Albert Szent-Györgyi Scholarship 2019

FOR INTERNATIONAL STUDENTS STUDYING IN THE
FOREIGN LANGUAGE MEDICAL PROGRAMS OF THE
UNIVERSITY OF SZEGED

APPLICANTS HAVE TO COMPLETE THE BELOW FORM WITH CAPITAL LETTERS ACCORDING TO THE DATA PRESENT IN THEIR ID CARD/PASSPORT, ADDRESS CARD, TAX PAYERS ID (IF ANY) AND THE NEPTUN. IT IS COMPULSORY TO FILL IN THE GIVEN BOXES. FORMS MISSING ANY DATA IS DEFECTIVE AND THEREFORE UNACCEPTABLE!

NAME OF APPLICANT:	
Date (yyyy-mm-dd)& place of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Mother's maiden name:	
Tax payer's ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ADDRESS IN HUNGARY:	
Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
City:	
Street, nr.:	
Phone number:	
E-mail:	
STUDIES:	
Institution of higher education: University of Szeged	
Faculty: Faculty of Medicine	
Program (English or German language):	
NEPTUN code:	



**EXTRACURRICULAR ACTIVITIES – please list them and attach a proof of each activity.
(e.g. demonstrator activity, scientific circle, participation in conferences, emergency medical technician certification, ISUS board membership etc.)**



DECLARATION

I hereby declare under penalty of perjury that all provided information in the present application form is true and correct.

I hereby authorize the University of Szeged to access and process my personal data indicated in the present application form for the duration of the project for the purpose of verifying eligibility for the aid.

I hereby authorize the University of Szeged to use and transfer my personal data indicated in the present application form in order to help organize the project.

Szeged,,2019.

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Applicant's signature