



VINCI Program/EMESB Scholarship - APPLICATION FORM

The undersigned _____
Last name *First Name*

- **applies to the scholarship selection associated with the Double Degree Program EMESB, for the academic year 2019/20 (scholarship for mobility 2019)**

and declares:

a) to be born in _____
City *Country*

b) to be a _____ citizen

c) to have the following address, contacts and bank coordinates:
_____ no. _____

Postal code _____ City _____ Country _____

Phone _____ Mobile phone _____

E-mail _____

Bank Full Coordinates (IBAN and Swift) _____
Account Holder name _____

(Holder must be the applicant student)

d) to have been selected for the EMESB program by the University of _____;

e) to receive (or not) an Erasmus Scholarship for the present mobility Yes No

- **attaches a copy of the passport no.** _____
- **or an alternative identity document** _____

(if this option is selected, specify which identity document is attached)

Date ____/____/20____
day month year

Applicant's signature