**EMMBIOME scholarship**

Enrolment for 2023-2025 study period

*Only to be filled by students applying for Scholarship*

|  |  |
| --- | --- |
| **Name and Surname**  | Click or tap here to enter text. |
| **Date and place of birth** | Click or tap here to enter text. |
| **Citizenship** | Click or tap here to enter text. |
| **Passport number and validity** | Click or tap here to enter text. |

By signing this document, I hereby apply for an EMMBIOME scholarship and declare that I have not previously received an EMJM scholarships. If I am awarded a scholarship, I authorize EMMBIOME Consortium to use my name in any news release or publication related to the scholarship.

Signature:

Place and date: