**EMMBIOME scholarship**

Enrolment for 2024-2026 study period

*Only to be filled by students applying for Scholarship*

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| **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: