



## 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 2016/17 (mobility 2017)**

**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*