Application for support from

**ADLERBERSKA HOSPITIEFONDEN**

**Eligible for applying are students who do not have permanent residency in Sweden and are not eligible for study support from CSN.**

(To be handed to the School reception in the North building, 5th of February at the latest)

**Applicant:** Name: ………………………………………………… Class…………

Address: …………………………………………………………………

City: ………………………………………………………………………

Zip code: ……………… Mobile phone: …………………………….…

E-mail: ……………………………………………………………………………………

Personal ID-number: …………………………….… Citizenship: …………………………

Living in Sweden since (date): ………………... Expiry date of residence permit………...

Address abroad (Parents’ or family’s address):

Name: ……………………………………………………………………

Street: ……………………………………………………………………

City: ……………………………………………………………………

Zip code: ……………………………………

Country: ……………………………………………………………………

If you have a Swedish bank account number, provide your account information here:

Bank (for Swedish accounts) Clearing number Account number

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If you do not have a Swedish bank account number, provide the account information below. N.B. international bank transfers incur costs that will be deducted from any scholarship grants!

Bank (If your bank account is outside of Sweden) BIC/SWIFT code IBAN no

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***Incomplete applications will not be processed!***

**Please turn over!**

**Other information:**

Please write information that can be useful for the Scholarship board:

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**For the application to be processed, the following is needed:**

⁫That all information on the first page has been completed

⁫That the application is signed below with your own signature, in ink

⁫Copy of your latest school-report (=Studieplan or Report Card)

⁫Passport copy

⁫Copy of residence permit card, (Check this box if you do not have one ⁫)

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| --- | --- |
| **Information and approval according to Personuppgiftslagen - PuL**  Personal data in this application will be used to administer applications. They can also be handed to the fund’s auditors, managers and other authorities, e.g. the Tax authorities (Skatteverket), upon request. Your application can be registered in digital form both at the school and at the fund’s administration.  Other personal data might be added from private and public registers.  Upon this day I have been informed of the Funds handling of personal data and I approve of it.  I hereby attest to that all information given in this application form is complete and correct. | |
| Date | Applicant’s signature |
|  |  |

***Incomplete applications will not be processed!***