

APPLICATION FOR STUDY SCHOLARSHIP 2021

**APPLICANT DATA**

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| FIRST NAME: |  |
|  |  |
| LAST NAME: |  |
|  |  |
| DATE OF BIRTH: |  |
|  |  |
| HOME ADDRESS: |  |
|  |  |
| COUNTRY: |  |
|  |  |
| E-MAIL: |  |
|  |  |
| PHONE NUMBER: |  |
|  |  |
| BANK ACCOUNT: |  |

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| I, |  | , (applicants Name, Surname) |
| am applying to Baltic Union Conference of Seventh-day Adventists STUDY SCHOLARSHIP FOR YEAR 2021. |
| I am Seventh-day Adventist of |  | Church. |
| I am currently studying/looking for an opportunity for further study in |  |
|  | (University/Vocational school, field). |

 **Date and Place Applicant's Signature**