SMÅLANDS NATION Stipendiegruppen Kastanjegatan 7 22359 Lund Tel: 046-12 06 80



The application concerns
¤Engdahls Stipendiefond
¤Richts Stipendiefond
¤Vejdes Stipendiefond
¤Gentz-Dahlgrens stip.fond
¤Malmers Stipendiefond
¤Grundfonden

Personal data (Please T E X T)

Personal Number
Postal code, Location
Bank
IBAN/BIC
Swedish bank account number
Member / Number of semesters
Number of completed entire study periods
socialist, feminist or other work

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Details of received scholarships

I have received		
¤Research grants		
¤The following university scholarships		
¤Scholarships from Smålands nation Am	ount Year/Semeste	r
¤No scholarships		
Certain expenses		
Interest on property loans	Previous year	Current year
Interest on other loans (Not student loans)		
Conital		
Capital		
	Previous year	
Vehicles		
Bank means ncluding cash)		
Stocks and bonds		
Total		
Debt	Previous year	
Debt (Student debt and other)		
Family circumstances		
Marital status	Children born in year	
I solemnly declare that the information		
Date and signature		

DO NOT FORGET TO SUBMIT
- Proof of paid Smålands membership fee
- LADOK excerpt or equivalent