

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

First name and Last name

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Personal Number

.....

Address

.....

Postal Code, Location

.....

Email

.....

Bank

.....

Telephone Number

.....

IBAN / BIC

.....

Swedish Bank Clearing Number

.....

Swedish Bank Account Number

.....

Details of Studies

Education (Program / Course)

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Member / Number of Semesters

.....

Higher Education Studies Started

Semester / Year

.....

Number of Completed Semesters

.....

Studies are Expected to Finish,
Semester / Year

.....

DO NOT FORGET TO SUBMIT

- Proof of paid Smålands membership fee
- LADOK excerpt or equivalent

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Voluntary work while studying; the student organization, student unions or other work that complies with Smålands Nations platform.

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Other notes: Here you can state other circumstances that you believe are relevant for this application (for example, if you receive CSN, if you urgently need money etc.)

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I declare that the information stated above is true

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Date and Signature

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