

LAZARSKI MERIT SCHOLARSHIP

Application Form

Candidates Data		
Name and Surname		
Name of the graduated organisation		
City		
Education profile		
E-mail address		
Phone number		
Candidate achivements		
 educational activity social activity cultural activity sport activity Olympics and school competitions other 	specify?	
Tell us something about yourself		

ACHIEVEMENTS, AWARDS*			
OPINION OF THE TEACHER, GUARDIAN OR SCHOOL DIRECTOR, WHICH WILL O	ONFIRM THE TRUE OF THE DATA		
*Please provide the original documents confirming the above-mentioned achievement	es to the university premises		
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I declare that I accept the Lazarski Grants Program Regulations.			
. access a man accept the Edecision Grants i region negotiations.			
Date	Candidates signature		