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| --- | --- | --- | --- |
| Name, surname: | .................................................. | Study field/specialization: | ........................................................ |
| Person’s ID no.: (to be found in SIS or under the photo on ISIC card) | .................................................. | Type of study: | bachelor’s / post-bachelor’s |
| Date of birth: | .................................................. | Year of study: | ........................................................ |
| Address incl. post code: | .......................................................................................................................................................... |
| Tel. no. (mobile phone): | .................................................. | E-mail: ..................................@................................................... |

**The application for scholarship should be addressed to the Student Services Office of UK FSV via the post room!**

**Application for Scholarship**

In accordance with Article 9 para 1 of the Scholarship Regulations of Charles University

[ ]  **for participation in sporting events (Czech championship level or international sporting competitions).**

 The completed form must be accompanied by a confirmation of participation in the sporting event (from the organizer

or sports association).

[ ]  **for participation in an international event the content of which is related to the study fields taught at the Faculty (e.g. competition of young bankers or investors, simulations, etc.).**

 The completed form must be accompanied by a confirmation of participation in the international event (from the organizer or the FSV institute), including a justification of the costs (airfare, ticket, accommodation, etc.).

**Justification of application:**

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I agree that in the event of a decision to award a scholarship, the scholarship will be paid to a bank account held with a financial institution in the Czech Republic that I have listed in the Student Information System of Charles University.

Date: ........................................ Student’s signature:......................................

**Statement of the Student Services Office:**

|  |  |
| --- | --- |
|  |  |
| In Prague on: | Signature: |

**Statement of the Vice-Dean in charge:**

|  |  |
| --- | --- |
| I agree / I disagree | Amount to be paid: |
| In Prague on: | Accounting centre: |
| Vice-Dean’s name: | Signature: |