

# Scholarship Certificate

## On behalf of:

Name scholarship organisation:

Town/city and country:

## Undersigned declares hereby that:

Surname student:

Given names student:

Date of birth:

Nationality:

## will receive during the period:

Starting date (dd/mm/yyyy):    /    /

End date (dd/mm/yyyy):    /    /

## a monthly scholarship of:

€

## The scholarship is funded by:

Name institute or company:

## Name Scholarship programme:

Date:

Town/city:

Name:

Signature:

Name Institute or Company funding the student:

Address:

Postal code + city:

Telephone number:

Stamp organisation: