

Application Form

Amsterdam Talent Scholarship

Please send this form, together with a copy of your residence permit (front and back) and a certified mark report, to the ATS contact person at your faculty (see www.amsterdamuas.com/ats for their contact details).

Student Information

Student Number _____

AUAS Programme _____

First Name _____

Last Name _____

BSN (Burgerservicenummer) _____

Gender (F/M/X) _____

Address _____

Postal Code _____

City _____

Telephone Number _____

Email Address _____

Payment details

First Name of Account Holder _____

Last Name of Account Holder _____

City of Residence Account Holder _____

International Bank Account Number (IBAN) _____

Signing

Signature student _____

Date _____