

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 serving your faculty (see www.amsterdamuas.com/scholarships for their contact details in the 'ATS contact information' section).

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)

Signature

Signature of student

Date