

**Application for a Contact Scholarship
for International Students of BUW Partner Universities**

Period of Stay

Summer term 20__ (starting April 1st)

Application deadline: March 1st

Winter term 20__/__ (starting October 1st)

Application deadline: September 1st

Personal details

| | | | |
|---|--|-------------------|--|
| First name | | | |
| Last name | | | |
| Date and place of Birth | | | |
| Nationality | | | |
| Home University | | | |
| Study Field | | | |
| Intended degree | Bachelor | Master | |
| Date of Arrival | | Date of Departure | |
| Adress | Street/House no.: | | |
| | Postalcode/City: | | |
| | Country: | | |
| E-Mail-Adress | | | |
| Do you already receive other funds by domestic or foreign parties for the same purpose? | no yes (if yes, please state type and amount of funds per month): | | |
| Bankverbindungen | Name of Bank/ account holder: IBAN: BIC: | | |

Please include the following documents with your application:

- Application form
- Transcript of Records

Declaration:

I hereby confirm that the above information is complete and accurate. I will report any changes to the above stated details immediately.

Place and date

Signature