

**STUDENT’S Grant application and confirmation to conditions**

Promotion of healthy ageing, welfare and social security EEA-GRANT-205

This form should be kept at the home institution with a copy to the coordinating institution. Note, that the grant will not be paid out before this form has been completed and signed.

General conditions and provisions of the grant allocation:

* The student has studied for at least one academic year at the home institution prior exchange
* The exchange period is recognized as a part of the study programme at the

home institution

* No tution fees are applied for the students in the host institution

If these conditions are not fulfilled, part or the whole grant can be recovered.

*Please, don’t fill your application in handwriting. Only typed documents are accepted.*

**Student’s name, surname**

**Date of birth**        **Sex**       **Citizenshi**p

**Study programme**

**Study years completed prior exchange**

**Home institution**

**Host institution**

**Exchange period from**      **to**

**The exchange includes practice work**       **months**

**The name of the bank**

**International Bank Account number (IBAN + BIC)**

To receive a mobilty scholarship, I accept the following conditions:

1. I agree to use the scholarship exclusively to cover costs for travel, board and lodging and possible language courses, all directly connected to my exchange studies in the Nordic-Baltic countries.

2. I agree to follow the confirmed study plan at my exchange (host) institution.

3. If I cancel or interrupt my exchange studies, I agree to pay back the scholarship or part of it.

4. I agree to take out the necessary insurances.

5. In order to recognize and register my exchange studies, I agree that it is my own duty to ask for a transcript of records of my exchange studies at my exchange (host) institution and hand this over to my home institution.

6. I will submit a feedback document after my exchange period, and a copy will be sent to the contact person in my university and to the network coordinator.

I confirm that all information provided is correct and I agree to terms and conditions of the programme.

Place and date: Student’s signature:   
  
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