

**Accademic and administrative staff**

**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.

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

**Name, surname**

**Personal identity number**

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

**Home institution**

**Host institution**

**Exchange period from**      **to**

**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.

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. 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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