

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](http://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 \_\_\_\_\_