



## APPLICATION FORM | HOLLAND SCHOLARSHIP

HEREBY I DECLARE TO APPLY FOR THE HOLLAND SCHOLARSHIP OFFERED BY NHL STENDEN UNIVERSITY OF APPLIED SCIENCES AND I ACCEPT ALL TERMS AND REGULATIONS REGARDING THE APPLICATION.

### Application Deadline 1 May

Student number:

Family name:

First name:

Address:

Postal code:

City:

Home country:

Nationality:

Date of Birth:

E-mail address:

Country of pre-education:

NHL Stenden programme:

I the undersigned, grant my expressed permission to:

NHL Stenden University of Applied Sciences  
Rengerslaan 8-10 8917 DD Leeuwarden

To pass on this information with the funding provider: the Ministry of Education, Culture and Science and the executive body of this funding programme: EP-Nuffic.

**Date:**

**Signature:**