



Application - Travel scholarship

The application should be submitted to academy coordinator, at samordnare.akademichefer@kmh.se

Personal data

Name: _____

Social security number or

Personal identity number: _____ Education program & grade (year): _____

Address: _____

Postal code and city: _____

Phone number: _____ E-mail address: _____@student.kmh.se

Scholarships granted should be paid to:

Bank: _____ Account number : _____

Previous scholarships from KMH

Amount _____ Year _____ Amount _____ Year _____ Amount _____ Year _____

Purpose State the purpose of the application and include a concise budget.

Amount applied for

Date _____ Signature _____

Name clarification _____

Information below are filled in by KMH

Date _____

Application approved

Application not approved

Head of academy

Head of academy