



APPLICATION FORM
International Cultural Evening 2025 Scholarship

FOR INTERNATIONAL STUDENTS STUDYING
IN THE FOREIGN LANGUAGE MEDICAL PROGRAM
OF THE UNIVERSITY OF SZEGED

deadline for submission: February 3, 2025

APPLICANTS HAVE TO COMPLETE THE BELOW FORM WITH CAPITAL LETTERS ACCORDING TO THE DATA PRESENT IN THEIR ID CARD/PASSPORT, ADDRESS CARD, TAX PAYERS ID (IF ANY) AND THE NEPTUN. IT IS COMPULSORY TO FILL IN THE GIVEN BOXES. FORMS MISSING ANY DATA ARE DEFECTIVE AND THEREFORE UNACCEPTABLE!

NAME OF APPLICANT:	
Place & date of birth (yyyy-mm-dd):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>
Mother's maiden name:	
Tax payer's ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
*Bank (Name/Address):	
Bank account nr.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ADDRESS IN HUNGARY:	
Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City: <input type="text"/>
Street, nr.:	
Phone number:	
E-mail:	
STUDIES:	
Institution of higher education:	
Faculty:	
Program:	
NEPTUN code (EHA -Code)	



PROJECT PLAN: Please indicate the detailed plan for the country booth:

- presented cultural objects (pictures, clothes etc.)
- activities/interactive activities
- menu

*In case of first time application the "HSZI Bank account, Tax payer's ID and SSN" form has to be completed additionally.

DECLARATIONS

I hereby declare under penalty of perjury that all provided information in the present application form is true and correct.

I hereby authorize the University of Szeged to access and process my personal data indicated in the present application form for the duration of the project for the purpose of verifying eligibility for the aid.

I hereby authorize the University of Szeged to use and transfer my personal data indicated in the present application form in order to help organize the project.

Szeged,

.....

Applicant's signature