**Study Camp for Young Scholars from Central and Eastern Europe**

**Application Form**

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| Name:­­  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Given Name Surname | | | PHOTO |
| Nationality: Gender: □ Male □ Female | | |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date / Month / Year) | | |
| Passport Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Valid Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date / Month / Year) | | |
| Telephone / Mobile: | | |
| Address: | | |
| E-mail: | | |
| Educational Background: | | | |
| Current Position and Experience: | | | |
| Languages: | | | |
| Skills / Hobby: | | | |
| Dietary  Preferences / Restrictions | □ Regular  □ Vegetarian  □ Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Religion: □ None | |
| Chronic Disease: □ None | |
| Contact Person in Case of Emergency  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone / Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Signature | | | |
| Note: Please read the guidelines carefully before you fill in the application form and send it to mofacee@gmail.com **before December 7, 2015**. Your registration application is completed only after you receive a reply email providing a registration number. | | | |