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

**Application Form**

|  |  |
| --- | --- |
| 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 EmergencyName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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. |