

DECLARATION

To:

Hogeschool Utrecht
International Office
Oudenoord 330,
3513 EX, Utrecht
The Netherlands

SCHOLARSHIP AWARD

I herewith confirm that student:

Surname:	
Given Names:	
Date of birth:	
Nationality:	
Shall receive : Name of Scholarship:
Start date of scholarship:	(dd/mm/yy)
End date of scholarship:	(dd/mm/yy)
For a period of:	(number of months)
Study programme HU:	

Please place the total amount awarded converted into EURO:

Total scholarship amount awarded (EURO):	
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Please place details of the institution distributing the scholarship signed by an authorised person:

Date:/...../..... (dd/mm/yyyy) Address of organisation/university
distributing the scholarship:

.....
.....
.....
.....

.....
Signature of authorised person

Official stamp (university)