

**THE J.O. NAUCLÉR  
MEMORIAL FOUNDATION  
Perstorp AB  
S-284 80 PERSTORP, SWEDEN**

**SCHOLARSHIP APPLICATION**

Place, date	Internal notes Date of receipt
Signature	Application No.

**PERSONAL INFORMATION**

Name	Date of birth
Address	

**PAYMENT INSTRUCTIONS (in the event a scholarship is granted)**

Form of payment	Bank
<input type="checkbox"/> Deposit in account no.	Address
<input type="checkbox"/> Other (please specify)	

**PREVIOUS EDUCATION/TRAINING**

No. of years, subject/field, educational institution etc.

**JOB EXPERIENCE**

Present employer	Position, duties	Years of employm.
Previous employers	Positions, duties	No. of years

**PLANNED EDUCATION/TRAINING**

Name of course	
Time and place	Brief description of course (more detailed description may be enclosed as a supplement)

**PURPOSE OF PROPOSED EDUCATION/TRAINING**

Your goals, reasons for this particular education, etc.

**ITEMIZED COSTS FOR EDUCATION/TRAINING (Please specify currency)**

Travel expenses (destination, no. of trips, etc.)	
Tuition, fees	
Room & board	
Other costs (please specify)	
<b>Total</b>	

**ITEMIZATION OF PLANNED FINANCING OF COSTS**

Salary during course	
Cost coverage, expense allowance etc. from employer	
Student allowance, loans	
Grants, scholarships etc. already received	
Grants, scholarships, etc. pending or planned (incl. possible grant from the J.O. Nauc�ler Memorial Fund)	
Bank loans	
Own financing	
Other (please specify)	
<b>Total</b>	
<b>Amount requested from the J.O. Nauc�ler Memorial Foundation</b>	

**PREVIOUS SCHOLARSHIPS/GRANTS**

I have previously received a grant from the J.O. Nauc�ler Memorial Foundation	Year
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**RESULTS OF EDUCATION/TRAINING**

How will your results be reported to the Foundation?

**OTHER INFORMATION**


**LIST OF POSSIBLE SUPPLEMENTS**

This application includes the following supplement(s)