**Else Marie Tschermak’s Foundation**

**Application form**

**To be submitted with the application: copy of passport + DU letter of recommendation.**

**Application and attachments should be grouped in ONE single document (pdf or Word) and sent by mail before the 1st October to** [**astahoey@mail.dk**](mailto:astahoey@mail.dk)**.**

**Applicants must be of Latvian nationality.**

**Applications received by e-mail after October 1st will not be taken into consideration.**

|  |  |
| --- | --- |
| **Personal Data** | |
| First name + surname |  |
| Place and date of birth |  |
| Male/female |  |
| Nationality/citizenship at birth |  |
| Present nationality/citizenship |  |
| Home address |  |
| Telephone |  |
| Mail |  |

|  |  |
| --- | --- |
| **Relation to Daugavpils University** | |
| Student (indicate BA/MA/PhD + subject, starting/end date, expected degree) |  |
| Teacher (indicate subject(s)) |  |

|  |  |
| --- | --- |
| **Destination** | |
| I am planning to go to |  |
| Purpose (course, exhibition…?) |  |
| **Host institution (name):** |  |
| Address: |  |
| Contact person |  |
| Contact person’s tel., fax or e-mail: |  |
| Educational programme: |  |
| Duration of stay from-to: |  |
| Deadline for deposit/tuition fee if applicable: |  |

|  |  |  |
| --- | --- | --- |
| **Educational background (earliest first)** | | |
| **Institution** | **Dates attended** | **Qualification obtained** |
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| --- |
| **Your reasons for applying for a grant:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mothertongue:** | | **Other languages: (fill in below)** | |
| Language | Reading | Speaking | Writing |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| **Previous grants (if you have not received any, please write “no”)** |
|  |

|  |  |  |
| --- | --- | --- |
| **Budget of expected expenses. All amounts (except tuition fees to be transferrred directly to the host institution) must be stated in local currency and converted into EUR:** | | |
| **Type of expense** | **Local currency** | **= EUR** |
| Transport to/from Daugavpils |  |  |
| Food and lodging |  |  |
| Participation fees |  |  |
| Other expenses |  |  |
| TOTAL |  |  |

**I (the applicant) hereby certify that the above information is correct.**

**Date: Signature:**

**We (Daugavpils University, former Daugavpils Skolotāju Institūts) hereby certify that the applicant has graduated/intends to graduate from Daugavpils University**

**Date:**

**Signature: Jeļena Tamane**

Project Manager in International Students Recruitment

**International and Public Relations Office**