

## MARSHALL PLAN SCHOLARSHIP APPLICATION FORM 1/2

| Student Data   |                           |
|--|---------------------------|
| First name:  | Last name:                |
|  |                           |
| Gender:  □ Female  □ Male  | Date of birth (dd.mm.yy): |
|  |                           |
| degree:  |                           |
| □ Mag. □ Dr. □ DI □ Other: □ In pursuit of a BSc □ In pursuit of a MSc |                           |
| Home address: Street / House No.                                       |                           |
| Zip Code / City / State  |                           |
| Country:   |                           |
|  |                           |
| Citizenship:   | Mobile number:            |
|  | Telephone number          |
| University's email address:  |                           |
| Alternative Email Address:   |                           |
| Progress of study:  undergraduate (im Bachelor) graduate (im Master)   |                           |
| Current Semester:  |                           |
| Bank Data  |                           |
| Account holder's name:   |                           |
|  |                           |
| Bank account number / IBAN:  |                           |
|  |                           |
| Bank's name:   |                           |
|  |                           |
| Bank's address (only for US banks)                                     |                           |
|  |                           |

Technology Health Media

## MARSHALL PLAN SCHOLARSHIP APPLICATION FORM 2/2

| Research Data   |  |
|---|--|
| Study program:  |  |
| Title of research proposal (Note: it <b>must</b> be identical with your final paper).   |  |
| Retention period expected:  Yes No  |  |
| For FHS students only: Name of US University / Zip code / City / State  |  |
| Request for embargo:  Yes No Enddate (dd.mm.yy):  |  |
| (Note: You can request for an embargo period up to two years after the date of submission of your final report. This means that your report will not be published on the MPS website during the period. MPS requires an official letter of explanation and a summary of the research project including major results before the request could be approved. Without their approval, MPS will withhold the last tranche of the scholarship) |  |
| Status at the host institution during research:   |  |
| □ Undergraduate □ Graduate □ Visiting scholar □ Visiting Fellow □ Other:  |  |
| Research/study period:  |  |
| Start (dd.mm.yy): Enddate (dd.mm.yy):   |  |
| (Note: Minimum period is 90 days, excluding arrival and departure days. Only the actual re-<br>search/study period counts. The dates must be identical to and confirmed by the letter of attend-<br>ance from the guest institution.)   |  |
| Paper presentation deadline (dd.mm.yy):   |  |
| (Note: maximum period allowed is 90 days after the research/study period.)  |  |

MPS must be notified of any changes to the details/information given above. Please email your request for change(s) to: <u>annette.schatzmann@fh-salzburg.ac.at</u>