

Application Form: Green Growth Dialogue - Engaged Scholarship (Intensive Course)

1: Personal details		Date of birth (DDMMYY):							
Name (all names):									
Surname (only one):									
Street:				No.:					
Post code:				PO Box:					
City:									
Country:				Do you have any disability, which may affect your studies?		Yes:		No:	
Nationality:				If yes, please specify.		<input type="checkbox"/>		<input type="checkbox"/>	
Telephone no.:									
Mobile no.:									
E-mail:									
Master's student		<input type="checkbox"/>		Ph.d. student		<input type="checkbox"/>			

2: Basis for admission:			
	Year	Degree title	Appendix no.
Bachelor's degree:			
Master's degree:			

Other:

3: Work experience:				
	Employer	Start date	End date	Employment fraction
1				
2				
3				

4: Other relevant experience and courses:	
1	
2	
3	
4	
5	

5: Signature:	
I include supporting documents to this application as proof of the information included in this application form.	The undersigned certifies to the best of his/her knowledge and belief that all information in this application and the annexes is true and correct.
_____	_____
Date	Signature

Application deadline: May 15, 2017, at midnight

Applicants will be notified of the outcome by 1 June 2017.

Please submit the application form and appendix in digital format via:

lestur@setur.fo

or by post to

Fróðskaparsetur Føroya

J.C. Svabos gøta 7

FO - 100 Tórshavn

The Faroe Islands

Power of attorney

The undersigned:

Name:		Date of birth (DDMMYY):							
_____		_____							
Date		Signature							

hereby grants (please contact this person regarding any questions or issues related to my application):

Full name:		
Address:		
P.O. Box:	City:	Telephone:
_____	_____	
Date	Signature	

power of attorney to apply to Green Growth Dialogue - Engaged Scholarship (Intensive Course) 2017 and answer on my behalf regarding acceptance of any offers.

Confirmation from employer

The present hereby certifies that:

Full name:		Date of birth (DDMMYY)::							
_____		_____							

in the following period:

From (day, month, year)	To (day, month, year)	Employment fraction

has worked for our company/organisation/institution and was charged with these responsibilities and tasks:

Certified by:

Date	Signature