

This document is required for a scholarship application. Once completed, dated and signed, please send it back to the applicant.

HOST ORGANIZATION INFORMATION:

Host organization name*:

Department/Service*:

Supervisor last name*:

First name*:

E-mail of the internship supervisor*:

*mandatory

INTERN:

Last name*:

First name*:

Internship start date*:

End date*:

In a few words describe the internship topic*:

*mandatory

OTHER:

Internship stipend*: Yes No

Monthly amount*:

Particular conditions, if applicable (individual support, housing...):

*mandatory

Date:

Signature and organization stamp: