



VAASAN AMMATTIKORKEAKOULU
UNIVERSITY OF APPLIED SCIENCES

GRANT APPLICATION FORM

DEGREE PROGRAMME:

STUDENT'S PERSONAL DATA

Family name: _____	First name (s): _____
Finnish Identity Code: _____	VAMK student number: _____
Gender: _____ Nationality _____	Place of Birth: _____
Current address:	Permanent address (if different):
_____	_____
Street	Street
_____	_____
Postal code and City	Postal code and City
Current address is valid until: _____	Tel.: _____
E-mail: _____	
Name of the bank: _____	
IBAN account number: _____	

GRANT DETAILS

Have you been on Exchange before through VAMK	Yes	No
If YES, have you received a Grant	Yes	No

EXCHANGE DETAILS

Length of exchange in months _____	Starting date _____	Ending date _____
Name of the Partner Institution/Employer _____		
Country of exchange _____		

Required Enclosures:

- Acceptance letter/acceptance e-mail
- Erasmus grant agreement or Exchange agreement (non Erasmus mobility)

Return address:	VAMK International Office /B1031-34 Wolffintie 30 65200 Vaasa, Finland E-mail: international@vamk.fi
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