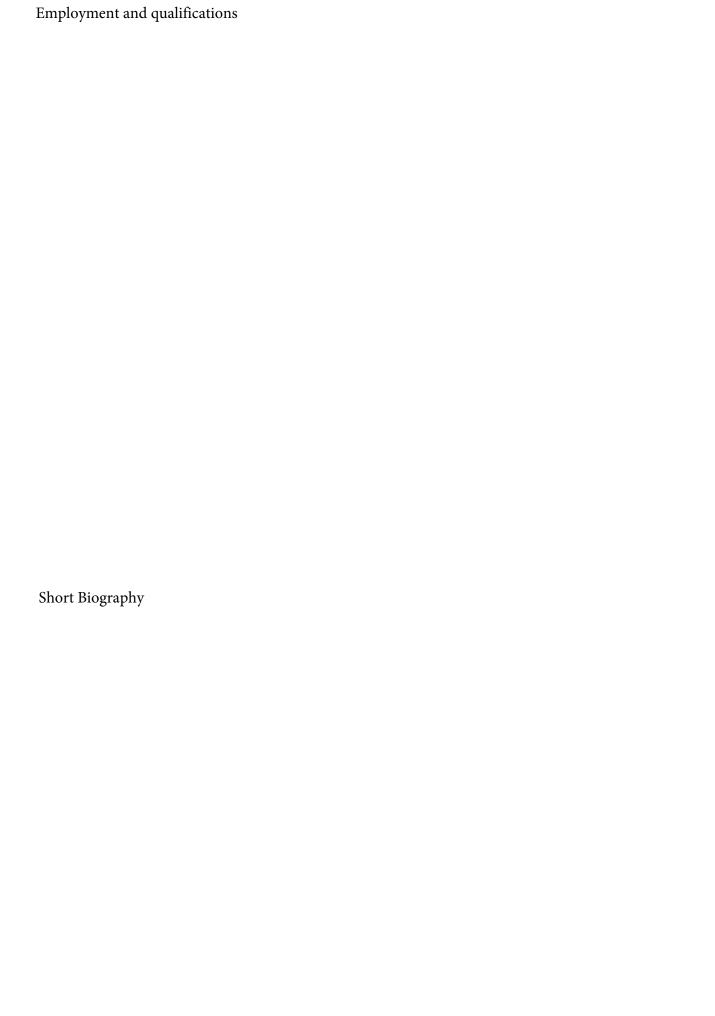
Applicant	
Name*	
Address*	
Postal code/ City*	
Email*	Year of birth
Phone	ontil
Expected start of visit*	Duration
Total budget for visit (€)*	Requested Scholarship support(€)* (max 2500 euro
Host organisation	
Organisation*	
Department	
Country*	
Home organisation	
Organisation*	
Department	
Country*	
Please complete this form and attach:	
university/college (students) or place	a letter of recommendation from study supervisor at Dutch

3. Budget: including estimated total costs and requested scholarship support



Description of study or placement for which the scholarship support is requested
How will the study contribute to furthering transfusion medicine, blood collection and manufacturing practices or other activities related to blood transfusion?

Summary of the proposed study or placement activities (background, objectives, approach/method, anticipated results)

