

FOUNDATION FOR AALTO UNIVERSITY SCIENCE AND TECHNOLOGY

(Aalto-yliopiston tekniikan tukisäätiö sr) P.O.Box 11100 (Otakaari 1, room Y188a), 00076 Aalto,
Tel: 050 400 9988, email annakaija.halonen@aalto.fi http://aalto.fi/foundation_technology

Applicant's full name: _____

Social security id: _____

Degree at the moment (e.g. B.Sc., B.Eng., M.Sc., Dr.Sc.): _____ year: _____
institution: _____

Address, postal code and postal office: _____

Phone, office: _____ home: _____

Employed at Aalto University: No Yes , department: _____

Purpose of scholarship:

Doctoral thesis Lic.thesis MSc thesis Other Travel grant Equipment

Continuation of a previous grant from the Foundation: No Yes , date of previous
grant: _____, Euros: _____

School, department and major subject: _____

For which purpose are you applying: Title of the work or thesis / Aim of your trip (e.g. title
of conference presentation) and budget of the trip: _____

For which period are you applying: _____

Applied scholarship: _____ Euros

Applicant's bank account number (IBAN): _____

Location: _____ Date: _____ 202 _____

Signature of applicant: _____

PLEASE ATTACH A TRANSCRIPT OF STUDY RECORDS (CAN BE UNOFFICIAL)

Statement of professor

I confirm that the work mentioned above is linked with the technology related scientific
research at Aalto University. I recommend granting of the scholarship. In case of a post-
graduate scholarship, the payment allocation should be (months from the date of
approval): _____

Location: _____ Date: _____ 202 _____

Scholarship is paid from: donation balance

Signature: _____

Clarification of signature: _____

Phone: _____