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| **ΑPPLICATION FOR A SCHOLARSHIP**   |  |  | | --- | --- | | SURNAME |  | | NAME |  | | FATHER’S NAME |  | | MOTHER’S NAME |  | | DATE OF BIRTH |  | | PLACE OF BIRTH |  | | ADDRESS (street & number) |  | | CITY/AREA |  | | POSTAL CODE |  | | COUNTRY |  | | MOBILE PHONE NUMBER |  | | ID/PASSPORT NUMBER |  | | ISSUING OFFICE/COUNTRY |  | | VAT NUMBER[[1]](#footnote-1) |  | | ISSUING OFFICE1 |  | | EMAIL ADDRESS |  |   DATE: ………………………..……… | **TO THE SECRETERIAT OF**  **MASTER OF SCIENCE IN**  **ARTIFICIAL INTELLIGENCE  AND DEEP LEARNING**  **DEPARTMENT OF ELECTRICAL & ELECTRONICS ENGINEERING**  **DEPARTMENT OF INDUSTRIAL DESIGN &**  **PRODUCTION ENGINEERING**  **UNIVERSITY OF WEST ATTICA**  **I hereby submit my application for a scholarship at the MSc Program Artificial Intelligence and Deep Learning, together with the necessary supporting documentation as follows:**  1)………………………………………………….  2)………………………………………………….  3)………………………………………………….  **Please proceed with the necessary actions towards evaluation of my application**  **I declare that I have read the general conditions and terms of the scholarship and that I will comply with them.**  The Candidate  Name & Signature |

1. Applies to Greek Nationals [↑](#footnote-ref-1)