MUNICIPALITY BUDVA Secretariat for social services

Committee for review of proposals for granting scholarships and allowance to talented pupils and students

SUBJECT: Request for scholarship

I kindly request to	be granted a scholars	hip for academic year 20)/	
I am a student in	year at	fac	culty in	
Average grade for exam	s completed during p	revious academic year is	·	
If I am granted a	scholarship, payment , at the bank	can be made to my accor	unt number in	
(city name)	1054	ZONA		
 Certificate of residen Certificate of enrollm Certificate of comple Certificate of average 	ship or copy of identification nce nent for academic year 20_ eted exams from previous y e grade for previous acade at the applicant is not empl	_/_ year mic year		
		(name and surname of the ap	plicant – capital letters)	
		(UIN)	(UIN)	
		(address of re	(address of residence)	
		(contact telep	(contact telephone)	
		(e-mail add	(e-mail address)	
		(applicant's si	(applicant's signature)	

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