

KAS Scholarship Application Form

First Name:

Last Name:

Date of Birth:

Gender:

Female

Male

What course are you applying for funding for?

Degree Type:

Title of the degree:

University:

On- or Off-Campus Accommodation:

On-Campus

Off-Campus

Year of Study:

Place of Residence:

Phone Number:

Email Address:

Social Media Handles:

How did you hear about us : Facebook

LinkedIn

Other

Konrad-Adenauer-Stiftung e. V.

www.kas.de

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