

SCHOLARSHIP APPLICATION FORM

This application form must be received by e-mail(ssir04@sophia.inria.fr) at least on April 18th, 2004

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Please type or print clearly

Name

Last name (family name): _____ First name: _____
e-mail: _____ Phone (including area/country code) _____

Affiliation:

Street & number: _____
City: _____ State: _____ Zip code: _____
Country: _____ Phone (including area/country code): _____
Fax (including area/country code): _____

Academic background (please mention main research area you are interested in, your motivations and your current academic situation)

Main reason to apply for scholarship

Academics references (people that could provide references on your academic work):

NAME and e-MAIL	INSTITUTION

Date and applicant signature

Note: Use extra sheets if needed.