

APPLICATION FORM FOR A RENEWAL GRANT 2024-25

NAME

U.S. UNIVERSITY

DEGREE

BEGINNING DATE

DEGREE COMPLETION DATE

NAME AND TITLE OF ACADEMIC SUPERVISOR

VISA SPONSOR FOR 2022-23 (Graduate students)

The grant decision (in June/late August-early September) and the partial renewal grant (if awarded) should be sent to:

ADDRESS

E-MAIL

BANK ACCOUNT NR.

INTERNATIONAL ROUTING CODE please fill in regardless whether a Finnish or an American account

NAME OF BANK

ADDRESS OF BANK

ACADEMIC INFORMATION

Please describe the academic work you have done during this academic year. Include information on courses you have taken with credits and grades earned.

Please describe the academic work you are planning to undertake next year.

FINANCIAL PLAN

Funding needed for 2024-25 academic year:

Tuition	\$
other costs (please specify)	\$
other costs (please specify)	\$
other costs (please specify)	\$
other costs (please specify)	\$
Total funding needed:	\$

Funding available for 2024-25 academic year:

Please provide information on how you plan to fund your studies next year. Include information on personal savings, financial aid from your university, other scholarships, grants (both Finnish and American), or any other form of funding. State clearly whether funding has been secured or applied. If the funding has not been secured yet, indicate also the approximate date when the grant decision will be made.

<i>Funding source</i>	<i>secured</i>	<i>amount</i>	<i>applied</i>	<i>amount</i>	<i>app. grant decision date</i>
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

Share your impact statement with us!

Please write a brief comment on why it is important to support Fulbright Finland exchanges. This is your chance to make a statement about the concrete impact of the program and help us show to our partners and sponsors that their support is valuable and it makes a difference. Your impact statement may be used on the Fulbright Finland Foundation website and in other communication channels.

SIGNATURE _____ **DATE** _____