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*Student’s first name and surname (in block capitals)*

**Student’s registration No.***(LSP number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Faculty: MEDICINE**

**Study type:******full-time **** part-time

**Type of study programme:******Bachelor’s **** Master’s **** Integrated

**Title of study programme**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course:**\_\_\_\_\_\_\_\_\_\_\_\_**Group :** \_\_\_\_\_\_\_\_\_\_

**Type of study funding**: **** VFk (State-funded “student basket” supported place);

 **** VNFp (non-state funded place);

Attn: Dean of the Faculty of Medicine, Prof. Dalius Jatužis

**APPLICATION**

**FOR PERMISSION TO PARTICIPATE IN THE COMPETITION FOR THE ONE-TIME NAMED SHOLARSHIP FROM THE FUNDS OF SOPHIE VALENTINA AMBROZA’S WILL AND TESTAMENT**

20\_\_\_\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_

Vilnius

Please permit me to participate in the competition for the scholarship organised by the Sophie Ambroza Foundation. My weighted average grade for the courses in the 2023–2024 spring semester is \_\_\_\_\_\_\_\_\_\_ , my weighted average grade for the courses in the 2024–2025 autumn semester is \_\_\_\_\_\_\_\_\_\_

Participation in student research activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ENCL. A list of scientific publications.

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 *Student’s first name, surname, phone, signature, date*