

## Application for scholarship USMLE

I would like to apply for a financial contribution regarding the expenses associated with USMLE (United States Medical Licensing Examination).

<b>Name and surname</b>	
<b>UČO</b>	
<b>Study programme</b>	
<b>Year of study</b>	
<b>Permanent address</b>	
<b>Contact address</b>	
<b>Step of USMLE</b>	

**Note:** Please as an attachment provide a Certificate of Completion USMLE and a proof of payment of examination's costs. Notice, that your account number must be submitted in the Information System of MU (IS).

**Note:** Hand in this application to Bc. Zuzana Pilatova from International Studies Office.

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Date

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Student's signature

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Dean's Office responsible person's signature, stamp

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Vice-dean's decision