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| [FMS logo] | **Swedish Society for Medical Statistics**  ***Föreningen för medicinsk statistik*** |

**Application:**

**Scholarship of the Swedish Society for Medical Statistics**

Applications for the scholarship are made using this form. All fields must be completed. The application will be evaluated based on what is written in the form and in the appendices.

*To be completed by the Swedish Society for Medical Statistics:*

Number:

Date of arrival:

*To be completed by the applicant:*

1. *Personal information*

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| --- | --- |
| Name: |  |
| Personal  identity  number: |  |
| Address: |  |
| E-mail: |  |
| Phone: |  |

1. *Description of conference, course, or similar activity (please submit the programme, if possible). Please note that activities taking place from 1 March to 31 December 2023 will be prioritised.*
2. *Description of how the activity is expected to promote the applicant’s development as a statistician.*
3. *List of appendices (CV is mandatory).*

Signature Place and date

…………………………………………. ……………………………

Name (printed)

………………………………………….

Please submit the complete application electronically to [fmsstyrelse@gmail.com](mailto:fmsstyrelse@gmail.com)

The following partners support FMS and this scholarship:

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