**GRANT APPLICATION FORM**

1. Name of the department submitting the application:
2. Name and position of the person submitting the application:
3. Phone number:
4. Permanent address:
5. Post address:
6. E-mail address:
7. Number and title of the support category:

1. Name of the activity for which the application for support is sought:

1. Amount of aid requested:
2. Expected date and place of the activity for which the application for support is sought:

I acknowledge that, if I do not submit the settlement of the grant awarded and the report together with the annexes within 30 days of the deadline for use, the aid will automatically be withdrawn by the Commission.

By signing my grant application form, I agree that the Commission's decision will be made public by the "Terplán Zénó" Voctional College.

Miskolc,

signature