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|  |
| (Faculty/Subdivision, Group) |

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|  |
| (name, surname) |

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|  |
| (telephone number, e-mail address) |

To Director of Kauno kolegija Higher Education Institution

Andrius Brusokas

**REQUEST**

# TO APPLY FOR A ONE-OFF SCHOLARSHIP

|  |
| --- |
| / / |
| (day, month, year) |

Please grant me a one-off scholarship for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(reason)

ADDED:

|  |  |  |
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|  |  |  |
| (signature) |  | (name, surname) |