

APPLICATION FORM

Please print or type all answers clearly and sign in ink.

Full name of applicant:

Address:

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Date of birth:

Telephone number (inc. area code):

Mobile number:

Email:

Implant centre and Place:

Device type: Nucleus® 6 Nucleus® 5 Nucleus® Freedom

Other (please specify)

ACADEMIC DETAILS

Name and address of university, college or institution of further education:

.....

.....

Course being undertaken:

Name and address of last attended educational institution:

.....

.....

Course details and results achieved:

I understand that, should I be awarded a Scholarship:

I will be paid in two increments (first instalment on being awarded the Scholarship, second instalment one year later). I understand that, should I fail to successfully complete another year of studies, my scholarship will be discontinued and no second payment will be made.

I agree to participate in an award ceremony and understand that my name, cochlear implant story and photographs(s) may be used by Cochlear Europe Ltd or other companies in the Cochlear Group of companies for marketing purposes and promotional material, media (magazines, newsletters, newspapers and publications), website or other Cochlear marketing materials and websites sponsored by Cochlear Europe Ltd.

I also agree to participate in Cochlear's advocacy initiative for the duration of my scholarship (two years) that may require me to share my story with other recipients.

I attach all the required documentation, which I understand will not be returned to me.

Signed: Date:

Applications should be submitted to:

Amplifon Magyarország Kft., Cochlear Tudásközpont

1062 Budapest, Andrássy út 74.

Cochlear Graeme Clark Ösztöndíj

Tel: 06-1 269-53-67

E-mail: cochlear.budapest@amplifon.com

Hear now. And always

