

# European Society of Paediatric Urology

## Scholarship application form

(please fill it with typed or block letters)

Name : ..... Title : .....

First names : .....

Date of birth : ..... sex : .....

**Professional address** : .....

City : ..... Zipcode : .....

Country : .....

Professional telephone : ..... Fax : .....

E-mail : .....

**Home address** : .....

City : ..... Zipcode : .....

Country : .....

Professional telephone : ..... Fax : .....

E-mail : .....

**Institution you wish to visit** :

Name : .....

Address : .....

City : ..... Zipcode : .....

Country : .....

Name of department Head : .....

When do you want to visit this department ?

between : ..... and .....

Why do you wish to visit this department ?

.....  
.....  
.....

What is your present position ?

.....  
.....

Have you applied for a scholarship before ?

Yes

No

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Please send this application form + a complete CV + a letter of agreement from the Head of the visited institution + a signed engagement to report about your mission to the president and to the secretary of the ESPU by mail or fax. **The Board will examine the candidatures and take decision twice a year.**

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