

CONSENT FORM - APPLICANTS FOR SCHOLARSHIP

I, _____(data subject name), hereby grant AWM Network ApS authority to process my personal data in the context of the current application for scholarship.

I, hereunder signed, confirm having read and understood the “Privacy Notice - Applicants for Scholarship”.

(<https://www.expertvalet.se/media/3481285/GDPR-privacy-policy-swe-scholarship-eng.pdf>)

Name:

Location and Date:

Signature:

