HSE Global Scholarship Competition

Cover page

Please fill out this form in legible block letters and numbers

Surname _____

First name _____

Middle name _____

Phone number _____

E-mail _____

Subject _____

Grade   10   11   Graduate

Date of graduation (for graduates) _____

Registration number _____

City of participation _____

Classroom number _____

Registration number

	10000	10000	10000	10000	10000
1	⬭	⬭	⬭	⬭	⬭
2	⬭	⬭	⬭	⬭	⬭
3	⬭	⬭	⬭	⬭	⬭
4	⬭	⬭	⬭	⬭	⬭
5	⬭	⬭	⬭	⬭	⬭
6	⬭	⬭	⬭	⬭	⬭
7	⬭	⬭	⬭	⬭	⬭
8	⬭	⬭	⬭	⬭	⬭
9	⬭	⬭	⬭	⬭	⬭
0	⬭	⬭	⬭	⬭	⬭

Date _____

Signature _____

code