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**Biofeedback Federation of Europe 18<sup>th</sup> Annual Meeting - Rome, Italy - March 24-28, 2015**

**Scientific Program / Programma Scientifico - March 26, 2015**

**Student Scholarship Application Form / Modulo Richiesta Borsa Studio Per Studenti**

**APPLICANT INFORMATION / INFORMAZIONI RICHIEDENTE**

Date/Data: \_\_\_\_\_

Name/Nome: \_\_\_\_\_

Address/Indirizzo: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Tel. : \_\_\_\_\_

Email: \_\_\_\_\_

University/Università: \_\_\_\_\_

Major Field of Study/Tipologia del piano di studio: \_\_\_\_\_

Intended Profession/Sbocco Professionale: \_\_\_\_\_

Signature: \_\_\_\_\_

**FACULTY ADVISOR/ FACOLTÀ PROPONENT**

Name/Nome: \_\_\_\_\_

Position/ Posizione: \_\_\_\_\_

Department/ Dipartimento: \_\_\_\_\_

University/Università: \_\_\_\_\_

Address/Indirizzo: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

*Describe why you want to attend the BFE Scientific Meeting/Descrizione del motive per il quale vuoi frequentare il meeting Scientifico del BFE:*

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**REQUIRED ITEMS WITH SUBMISSION / DOCUMENTI RICHIESTI PER LA RICHIESTA**

- *Completed Scholarship Application Form / Modulo Richiesta Borsa Studio compilato*
- *Proof of full-time student status (copy of class schedule or copy of student ID) / Prova di stato di studente a tempo pieno (copia certificato iscrizione o documento studentesco)*
- *Letter of recommendation from a faculty member / lettera di presentazione di un membro della facoltà*

**SUBMISSION DEADLINE / TERMINE ULTIMO RICHIESTA:**

*February 15, 2015 - 15/feb/2014*

**SUBMISSION ADDRESS / INDIRIZZO PER RICHIESTA:**

*All submissions should be sent to / tutte le richieste vanno inviate a: Carol Meyers at: [conferences@bfe.org](mailto:conferences@bfe.org)*