



## Application Form

PLEASE NOTE: McGill reserves the right to rescind an eventual scholarship for misrepresentation in this application.

A. APPLICANT INFORMATION										
Title	Mr.   Ms.   Mrs.   Miss	Date of Birth (DD/MM/YYYY)		22 / <sup>09</sup> / 1999			Gender Mal		Female _	
Last (Family) Name	Weber			First (Given) Name	Max			i ne	Max	
Current Address	56068 Kol	olenz, Nevers	sstraße 5		City			Bonn		
Postal Code	53234	Province Bayern				Country	Deutschland			
Permanent (Home) Address	56068 Koblenz, Neversstraße 5					City	Bonr	Bonn		
Postal Code	12313	Province Bayern				Country	Deutschland			
Normally, we will speak to your school guidance counsellor or senior school official if we have questions about your application. However, it may also be necessary to speak with you directly. Please provide a telephone number, Skype ID, or email address at home or at school.										
Applicant Phone		15645235	32			Applicant Skype ID			53412	
Applicant Email		fsdfa@gmail.de								
Please provide name and contact details for school guidance counsellor or senior school official who we may contact about your application.										
School Counsellor/ Official Phone		15645323421								
School Counsellor/ Official Email		bdfsgg@gmail.de								
School Counsellor/ Official Skype ID		1231242141								