



ALMA MATER STUDIORUM  
UNIVERSITÀ DI BOLOGNA  
SCUOLA DI ECONOMIA, MANAGEMENT E STATISTICA

**Call for scholarships for research activities to support the Master Thesis  
(HEM Students)**

**Deadline: 16th of July 2018 at midday**

The Master's Degree in Health Economics and Management (HEM) awards scholarships for internship abroad. The aim of these scholarships is supporting graduating students who wish to spend a period abroad in a foreign institution. The call is reserved to students regularly enrolled in the Programme (the enrollment fee must be payed)

The amount of each scholarship will depend on the quality of the thesis project and on the location and length of their stay (which cannot be more than 6 months) .

Candidates must not be concurrently in receipt of another scholarship offered by the University of Bologna at the same time and for the same purpose.

The evaluation of projects will be made by a Selection Committee appointed by the Master's Degree Board, and the final ranking will be communicated by email.

**APPLICATION:** Students must provide the following documents:

- 1) Application Form
- 2) List of activities that you will do during your internship
- 3) Acceptance letter signed by the hosting organization (if the student is granted a scholarship from the hosting institution it must be indicated in the letter);
- 4) Budget of your estimated expenses

Applications must be sent to [hem@unibo.it](mailto:hem@unibo.it) **within the 16th of July 2018 at midday.**

Persuant to art.13 of Legislative Decree 196/2003, personal data will be processed solely to allow participation in the call and in compliance with the legislation on protection of personal data.

**The winners will have to start the research abroad within 6 months from the ranking information.**

**Within 15 days from the end of the internship students must submit a letter from the hosting institution, stating the actual fulfillment of the activities.**

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APPLICATION FORM

NAME.....  
ID NUMBER .....,  
NAME OF INSTITUTION .....  
LOCATION OF HOSTING INSTITUTION.....  
FROM ..... TO .....

PERSONAL DATA

- PLACE OF BIRTH .....
- DATE OF BIRTH .....
- RESIDENCE ADDRESS .....
- ZIP.....

(date)

(Signature)

ATTACHMENTS

- List of activities;
- Acceptance letter signed by the hosting organization
- Budget of your estimated expenses