

Date:

**To NIĞDE ÖMER HALİSDEMİR ÜNİVERSİTESİ**  
**Ayhan Sahenk Faculty of Agricultural Sciences and Technologies**

Here I, ....., declare that I am/will not involved/involve in a job with insurance in Turkey during the initiation and continuation of my education at Ayhan Sahenk Faculty of Agricultural Sciences and Technologies at Niğde Ömer Halisdemir University. I understand that if I am proven to be employed, the scholarship will be cancelled and all the funds I receive will need to be returned to the Foundation.

Signature

Name/Surname: .....

Student ID Number: .....

Department: .....

Program: .....

# EXAMPLE

Date: Date of Filling  
the form

To NIGDE UNIVERSITY

**Ayhan Sahenk Faculty of Agricultural Sciences and Technologies**

Here I, .....STUDENT NAME....., declare that I am/will not involved/involve in a job with insurance in Turkey during the initiation and continuation of my education at Ayhan Sahenk Faculty of Agricultural Sciences and Technologies at Niğde Ömer Halisdemir University. I understand that if I am proven to be employed, the scholarship will be cancelled and all the funds I receive will need to be returned to the Foundation.

## YOUR SIGNATURE

Signature

Name/Surname: ...STUDENT NAME.....

Student ID Number: ...STUDENT ID NUMBER.....

Department: ...DEPARTMENT NAME.....

Program: ...UNDERGRADUATE OR GRADUATE PROGRAM.....