Host Organization and Internship Information Form

DataIA International Mobility Scholarship – Call 2026
Please complete, sign, and return to the applicant.

Host Organization Information

Host organization name*: _____
Department/Service*: _____
Supervisor last name*: _____ **First name*:** _____
E-mail of the internship supervisor*: _____

**mandatory fields*

Intern Information

Last name*: _____ **First name*:** _____
Internship start date*: _____ **End date*:** _____
Internship topic (brief description)*:

Other Details

Internship stipend*: Yes ☐ No ☐
Monthly amount*: _____
Particular conditions (e.g., individual support, housing, etc.):

Signatures

Date: _____
Signature and organization stamp: _____