**ELECTRONIC APPLICATION FORM**

1. LAST NAME, FIRST NAME, PATRONYMIC (if applicable) — all team members and supervisor (if any), separated by commas.
2. Field of Study (specialty), year of study.

Mode of study (e.g., Full-time, Part-time, Online)

1. Educational Institution (Full Legal Name)
2. Email email and Phone number.

Attachment: video presentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title)

in nomination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title).