**RARE HACKATHON APPLICATION FORM**

By filling out this application form, the applicant undertakes that the information provided is correct and complete. After checking the information, please send it to rareboostibg@gmail.com with your student certificate.

**Application Date:**

**Name and Last Name:**

**University:**

**Department/Program:**

**Year:**

**Please explain why you would like to participate in the Rare Hackathon (Maximum 500 words):**