



SCHOLARSHIP APPLICATION FORM

| PERSONAL DATA | | | | |
|------------------------------|--|--------------|--|---------------|
| Family name: | | | | |
| First Name: | | | | |
| Date of Birth: | | | | |
| Place of Birth | | | | |
| Address of Residence: | | | | |
| ZIP code: | | City: | | State: |
| Mobile phone: | | | | |
| e-mail address: | | | | |

| DECLARATIONS TO APPLY FOR SCHOLARSHIP | |
|---------------------------------------------------------------------|--|
| City of departure: | |
| Estimated cost of travel: | |
| Family income: (mod. ISEE for Italian residents) | |
| Merit Statements: (brief summary of notable achievements) | |

DECLARATION OF CONSENT TO THE PROCESSING OF PERSONAL DATA

Having received the information on the use of my personal data pursuant to Article 13 of Legislative Decree No. 196/2003, I consent to their processing for the purpose of scholarship application and that they be communicated to the entities with which the association collaborates and by these treaties to the extent necessary for the fulfillment of obligations established by law and by statutory regulations.

(Place, Date, Signature)