

PARTICIPATION FORM

Name and Surname _____

Birth place _____ date ____/____/____

Country and city of residence _____

ZIP CODE _____ Street _____ n. _____

Phone number: _____ Mobile _____

e-mail: _____@_____

ask to be admitted at the selection for the assignation of the scholarship for the course of

course name _____ code _____
(for course code, see the reference in our catalogue or "courses" section of our web site)

Motivation to scholarship request:

Attach the following documents (put an X on the right boxes)

- Photocopy or scan identity document (Passport, ID Card)
- Photocopy of Diploma or certificate issued by high school or attended institute;
- Letter of recommendation
- Project work
- CD/DVD of work performer (optional)
- Economic situation

Date _____

Signature _____

Privacy (D. Lgs. 196/03)

I authorize the use of my personal data according to D. Lgs. 196/03 and amendments for the purposes of registration, selection and publication of the name of the winner of the scholarship in question.

Date _____

Signature _____