



SCHOLARSHIP FOR INTERNATIONAL STUDENTS ACADEMIC YEAR 2024-2025

ADMISSION FORM

Fill out the application in every field and send it via e-mail to campussantateresa@fondazionezanotti.org

NAME _____ SURNAME _____

NATIONAL INSURANCE NUMBER _____

SESSO

MALE

FEMALE

NATIONALITY _____ E-MAIL _____

PHONE NUMBER _____

COURSE YOU WILL ENROLL TO _____

REFERENTS (name surname contacts)

GRADE OF STATE EXAM OR FIRST-LEVEL DEGREE (if already obtained),

DECLARATION OF POSSESSION OF ELIGIBILITY REQUIREMENTS

I declare that I possess all the required eligibility criteria and specifically declare (tick the boxes):

- I intend to enroll/am enrolled in a University-level School or Institute.
- I have not been convicted of any criminal offenses and have no pending charges.
- I am free from illnesses incompatible with community life.

INFORMATION ON THE PROCESSING OF PERSONAL DATA

According to article 13 Reg. UE n. 679/2016

DECLARATION OF POSSESSION OF ELIGIBILITY REQUIREMENTS

I consent to the terms of privacy pursuant to the Ministerial Decree.n 1252 del 2/12/2022

CALL FOR APPLICATION A.Y. 2024/2025

CAMPUS SANTA TERESA

Piazzetta Giovanni da Tossignano 2 - Ferrara