

**APPLICATION FORM FOR UNDERAGE STUDENT**  
**Authorization form for the EDISU benefits' application**

**STUDENT'S INFORMATION**

SURNAME .....

NAME .....

FISCAL CODE.....

TELEPHONE NUMBER.....

EMAIL .....

**PARENT'S OR AUTHORIZED GUARDIAN'S INFORMATION**

The undersigned .....

Born in .....on.....

as an authorized guardian/parent of the student .....

.....authorizes the student's application for the EDISU benefits per the A.Y. 2022/2023.

**ATTENTION:** For underage students, it is not possible to pay the scholarship unless they have a legal guardian with an Italian or SEPA bank account and living in Italy (with "residenza anagrafica"). All the details at the art. 7 par. 3 of the notice of competition or at the page 44 of the Guidelines in English

Place .....

Date .....

ID document number .....

Parent or authorized guardian's sign.....

Please attach the parent/guardian's document