

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 inon.....

as an authorized guardian/parent of the student

.....authorizes the student's application for the EDISU benefits per the A.Y. 2024/25.

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 on the section "Payments" of the Guidelines in English

Place

Date

ID document number

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

Please attach the parent/guardian's document