

ADMISSION REQUEST FORM

The underline (name and family name) _____

born on (dd/mm/yyyy) _____ resident in _____

_____ Town _____ ZIP code _____

Tel./ mob. _____ e-mail: _____

ask to be admitted to selection of the six months engraving course scholarship for the academic year 2008/2009.

I attach the following documents (check the box with a x):

- ID document
- High school diploma or certificate with evaluation
- 2007 annual income certificate

DATE (dd/mm/yyyy) ____/____/____ signature _____

Privacy (D. Lgs. 196/03)

Autorizzo l'uso dei miei dati personali ai sensi del D. Lgs. 196/03 e modifiche ai fini dell'iscrizione, selezione e pubblicazione del nome del vincitore della borsa di studio in oggetto.

DATE (dd/mm/yyyy) ____/____/____ signature _____

For enrolments, information please contact Le Arti Orafe Jewellery School Secretary office to this address
LE ARTI ORAFE, VIA DEI SERRAGLI, 104 – 50124 FIRENZE Tel. 0552280131, FAX 055-2280163 E-MAIL
segreteria@artiorafe.it
mon-fri 10:00 a.m. to 1.00 p.m. and from 3.00 p.m. to 5.30 p.m.