



UNIVERSITÀ
CATTOLICA
del Sacro Cuore

Agostino Gemelli Education Fund to Support Studies

For the attention of The Commission

I, the undersigned. _____

born in _____ on _____ province _____

resident in (local council) _____ province ZIP CODE _____

address _____ phone _____

email _____

Enrollment for the academic year ____/____ to the ____ year (____) repeating (____)

enrolled outside the standard timeframe of university career(____)

Faculty of _____

Degree programme _____

Being aware of the legal consequences mentioned in art. 76 of Presidential Decree no. 445 of 28.12.2000, in case of false information, statements and education or use of false acts:

DECLARES

that you do **not belong** to one of the following categories:

- student who, during the current academic year, has already obtained special benefits by Commissions for first and second levels;
- an international student who has received LT/LM/LCU International Scholarship special benefits;
- student who, during the current academic year, has received one or more scholarships;
- student who is not, at the time of application, regularly enrolled in a year of the course;
- student already exempted, for various reasons, even partially, from university contributions.



SUBMIT THE FOLLOWING REQUEST

EMPLOYEE:

Indicate the first and last name of the income recipient:

Redundancy fund (*) from _____ to _____

Redundancy (*) from _____

Indicate the first and last name of the income recipient:

Redundancy fund (*) from _____ to _____

Redundancy (*) from _____

Indicate the first and last name of the income recipient:

Redundancy fund (*) from _____ to _____

Redundancy (*) from _____

(*) The certification issued by the employer must be attached.

PROFESSIONAL SELF-EMPLOYMENT, BUSINESS OR PARTICIPATION, PARTNERSHIPS, FAMILY AND/OR MARITAL ENTERPRISES



	FATHER	MOTHER	OTHER MEMBER	OTHER MEMBER
<i>Business typology and code</i>				
<i>Place of business (municipality)</i>				
<i>Start year of the business</i>				
Year 2019 data				
<i>Total VAT turnover (*)</i>	,00	,00	,00	,00
<i>Percentage share</i>				
Year 2020 data (Estimated on a full year basis)				
<i>Total VAT turnover (*)</i>	,00	,00	,00	,00
<i>Percentage share</i>				
(*) Copies of the 2019 and 2020 budgets must be attached (a draft of the latter is also sufficient)				

Compensation for financial damages (if applicable)

	,00
	,00
	,00

NB: This form must be completed legibly and in full. Incomplete, unsigned applications or applications without the requested documentation attached will not be considered.

It is hereby acknowledged that the allocation of the Agostino Gemelli Education Fund contribution will be granted in the sole decision of the Commission.

Date, _____

Student's signature _____