

## UNIVERSITY OF GASTRONOMIC SCIENCES

### Self-Declaration Partial Fee Exemption Request Form for (please tick)

European Union students

Non-European Union students

applying to the Graduate Degree in Gastronomy and Food Communication  
2009/2010

#### Applicant's personal data

Surname .....

Name.....

Place of Birth.....

Date of Birth..... Sex [F] [M]

Citizenship.....

#### Address

Town/City .....

Street..... N°.....

Zip/Postcode.....

Tel..... Mobile.....

E-mail.....

Tel..... c/o: .....

**DECLARES**

not to be registered for another degree course;

to have been awarded another scholarship for the academic year 2009-2010 from (source)

.....

Does the applicant have dependent children?     [YES]    [NO]

Immediate family composed of ..... members

Student not cohabitating

declares to be resident at an address different to that of immediate family for at least two years with respect to scholarship application, in accommodation not belonging to a member of immediate family and with a income deriving from work equal to or in excess of € 7.502,00 for both the year 2007 and the year 2008.

to have a degree of disability in excess of or equal to 66%

**Attached documentation**

consular certification

certification of income from country of origin

copy of identification document (obligatory if request is sent by post)

The income levels for applying for scholarships are calculated according to the certification parameters of the Italian Finance Ministry (ISEE-ISPE tables). On the basis of the income declaration that you send us, authenticated by the Italian Consulate in your country, UNISG will convert this data.

The undersigned .....

Is aware that false or misleading statements and exhibition of false documents is punishable according to the penal code, and also declares to be informed and to accept the immediate forfeiture of the benefits received on the basis of a incomplete or untrue statement and accept the application of foreseen legal penalties in force.

I furthermore declare that I am aware that the University of Gastronomic Sciences has the right to carry out controls and verify the truthfulness of the information supplied and may request the necessary documentation in order to demonstrate the completeness and truthfulness of the information declared.

I authorize the University of Gastronomic Sciences to handle the information supplied according to Italian Law n°. 196 del 30/06/2003.

Date

Applicant's full signature

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RELATION	TYPE	TAX CODE	SURNAME	PLACE OF BIRTH NAME				
		DATE OF BIRTH	COUNTRY	PLACE OF BIRTH		0	0	0
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RELATION	TYPE	TAX CODE	SURNAME	PLACE OF BIRTH NAME				
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**NOTES A)**

RELATION Family connections

TYPE **D** = the undersigned applicant; **I** = person financially dependant on D; **R** = person who support D financially; **X** = person who does not depend on nor support D.

INCOME FISCAL = annual income of every member as stated to the tax authorities for the year 2008;

REAL ESTATES = commercial value of the portion of the real estates owned on 31st Dec. 2008;

MOVABLE = bank deposit, shares, financial investments as of 31st Dec. 2008.

FEES The annual amount of mortgage instalments yet to be paid by EACH MEMBER OF THE FAMILY

**FURTHER INFORMATION**

- B)** Are there disabled people in your family? If yes, how many? Number
- C)** If the applicant is the only member of the family, having parents but not living together with them, how long has the applicant living on his own? Number of years(1)  
(1) If less than 2 years, it has to be indicated the previous family unit.
- D)** Does the applicant or his/her family own or rent the house they live in? If rented, please state the annual rent in €


I, the undersigned, fully aware of the legal penalties that may be incurred by the declaration of false or misleading statements or information, declare to have completed the table relating to my family unit and sections A, B, C and D of this form, concerning each member of my immediate family, and that the information provided herein corresponds to the truth and may be verified or documented upon request of the competent authorities.

Furthermore, I declare that I am fully aware that, in the case of a scholarship being awarded me, the Italian Authorities may carry out controls and verify the truthfulness of the information supplied herein and may request the necessary documentation in order to demonstrate the completeness and truthfulness of the information declared.

DATE

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APPLICANT'S FULL SIGNATURE

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