

C M Lerici Foundation

SCHOLARSHIP APPLICATION

Applicant

Name		Date of birth
Street address		
City	Postal code	Country
Email		Phone

Current studies

Current level of studies <input type="checkbox"/> Secondary school <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral <input type="checkbox"/> Other	
Current program	Specialisation (if applicable)
Home institution (in home country)	Name of referee (professor, tutor, etc.)

Purpose of visit

Field of study <input type="checkbox"/> Architecture <input type="checkbox"/> Art <input type="checkbox"/> Economics <input type="checkbox"/> Engineering <input type="checkbox"/> Humanities <input type="checkbox"/> Law <input type="checkbox"/> Music <input type="checkbox"/> Social sciences <input type="checkbox"/> Science <input type="checkbox"/> Other
Host institution (in host country)
Period of the visit
Project description

