**ANNEX 1 - *Call for applications* for the awarding of grants to students taking part in curricular internships in the a.y. 2019/20, 2020/21, 2021/22.**

Università di Verona

Direzione didattica e Servizi agli studenti

U.O. Stage e tirocini

**APPLICATION FORM**

(PLEASE COMPLETE THIS FORM BY COMPUTER)

**I, the undersigned** (*name, surname*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

tax ID number (*codice fiscale*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID no. (*matricola*) \_\_\_\_\_\_\_\_\_\_\_

telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

mobile phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEREBY REQUEST AS FOLLOWS:**

I wish to take part in the *Call for applications* for the awarding of grants to students taking part in curricular internships in the a.y. 2019/20, 2020/21, 2021/22.

To this end,

*aware of the criminal sanctions with regard to false or misleading statements, as referred to in Art. 73 and following of Presidential Decree no. 445 of 28 December 2000, for the purpose of this application*

**DECLARE AS FOLLOWS:**

* I have carried out a curricular internship of \_\_\_\_\_\_\_ months (*duration*)

from (*start date*) \_\_\_\_\_\_\_\_\_\_\_\_\_ to (*end date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of the Host Company/Organisation*)

in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*place*)

for a total duration of \_\_\_\_\_\_ (*hours*) as a student enrolled in the a.y. \_\_\_\_\_\_\_\_\_\_\_\_ (*academic year*) in the \_\_\_\_\_\_\_\_\_\_ (*1st / 2nd / 3rd …*) year of a:

Bachelor’s 🞏 Master’s 🞏 Single cycle/Combined Bachelor+Master’s degree 🞏

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(please include the title of your degree programme)*

* upon completion of the above internship, I have been awarded no. \_\_\_\_\_\_ CFU credits by the University (*please enter amount of University credits*);
* for the above internship, I have received a payment of € \_\_\_\_\_\_\_ . \_\_\_\_\_ (*amount*) from the Host Organisation. Please find here-in attached the relevant proof of payment and/or declaration;

OR

* I have NOT received any payments from the Host Organisation for the above internship. Please find here-in attached the relevant declaration – Annex 2.
* I am part of a household, whose ISEE for University statement (*attestazione reddituale I.S.E.E. per Prestazioni per il Diritto allo Studio Universitario*) is as follows:

ISEE \_ \_ \_ \_ \_ \_ \_ \_

* I am aware that any grants shall only be paid via bank transfer to the following bank account:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Country code***  *(2 characters)* | | **CIN EUR**  *(2 alphanumeric characters)* | **CIN**  *(1 alphabetic character)* | **ABI**  **(National Bank Code)**  *(5 alphabetic characters)* | **CAB (Branch Code)**  *(5 alphabetic characters)* | **Account number**  *(12 alphanumeric characters)* |
|  | |  |  |  |  |  |
| Owner/Co-owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PLEASE NOTE:** **the applicant MUST be the owner or co-owner of the bank account.** | | | | | | |
| Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have read and understood the *Call for applications* and abide by the rules contained therein;
* I am aware that the information entered in this form will be processed for purposes relating to the institutional tasks of the administrations concerned, and that this information may also be communicated to other public bodies on the basis of laws or regulations, or in any case where this is necessary for the performance of their institutional activities.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_