



PIERINO AMBROSOLI
Foundation

Application - Study Grants for Training as a Professional Musician

Please print and send together with the other application documents to:
Pierino Ambrosoli Foundation, Kasinostrasse 11, 8032 Zürich, Switzerland

STUDENT

Surname and first name: _____
Date of birth/Place: _____
Address: _____
Telephone: _____ Cell Phone: _____
E-mail: _____ Fax: _____
Nationality: _____
School leaving certificate: _____
Attended academic schools: _____

Attended Music schools: _____

SCHOOLS ATTENDED

When	School	Class	Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENTS FAMILY

Father

Surname, first name: _____
Date of birth: _____
Profession/Job title: _____
Address: _____
Telephone: _____ Fax: _____
E-mail: _____

Mother

Surname, first name: _____
Date of birth: _____
Profession/Job title: _____
Address: _____
Telephone: _____ Fax: _____
E-mail: _____

Please indicate which party has parental authority: _____

Brothers and sisters : Surname, first name: _____

Date of birth: _____

Profession/School: _____

FINANCIAL

Have you already received grants from other institutions? yes no

If yes:

from which institutions? _____

for what education? _____

for which year? _____

Have other applications been made for the current year? yes no

If yes: where? _____

Do you receive any other grants for your education? yes no

If yes: from whom ? _____

Amount? CHF _____

DOCUMENTS TO BE ENCLOSED (see Rules and Regulations)

- 1) Photocopy of valid passport or identity card
- 2) Brief curriculum vitae
- 3) Motivation for the application
- 4) Evidence for exemption from enrolment fees by the school
- 5) Photocopies of certifications, diplomas, assessments of achievements and talent, and any music related critics
- 6) two references
- 7) Confirmation of acceptance by the school
- 8) Medical certificate on general state of health and the signed form concerning state of health (not more than 1 month old)
- 9) Latest parental tax certificate and/or latest tax certificate of applicant
- 10) Signed form "Declaration" concerning the "Study Grant" Rules and Regulations
- 11) two professional photographs (1 portrait, 1 full photograph with instrument)
- 12) Budget: list of covered and uncovered expenses/budget

The signatory entitles the Pierino Ambrosoli Foundation to use her/his name, her/his particulars as well as her/his activities within the context of publications and announcements of the Pierino Ambrosoli Foundation.

Place, Date

Signature (or signature of legal representative if a minor)



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INFORMATION ON STATE OF HEALTH

My general state of health is very good

yes no

If no, why not?

Do you suffer from any illness, which might impair your training as a professional musician?

yes no

If yes: what?

Enclosed: Medical Certificate

Signature of parents and student:

Doctor's signature:

Date:
