

Scuola Leonardo da Vinci®

Officially authorised by the Italian Ministry of Education
 Officially recognized by the Regions as Professional Training Centers
 Quality management system «ISO 9001:2008» certified by SQS-IQNET



SCHOLARSHIP

2014

The scholarship is available at a choice of the grant holder in one of the following locations:

Scuola Leonardo da Vinci® - Florence

via Bufalini 3, 50122 Firenze-Italia
 Tel. +39-055.261181 • Fax +39-055.294820
 Email: florence@scuolaleonardo.com • Skype: learnitalianflorence

Scuola Leonardo da Vinci® - Milan

via Darwin 20, 20143 Milano-Italia
 Tel. +39-02.8324.1002 • Fax +39-02.8942.5256
 Email: milan@scuolaleonardo.com • Skype: learnitalianmilan

Scuola Leonardo da Vinci® - Rome

piazza dell'Orologio 7, 00186 Roma-Italia
 Tel. +39-06.6889.2513 • Fax +39-06.6821.9084
 Email: rome@scuolaleonardo.com • Skype: learnitalianrome

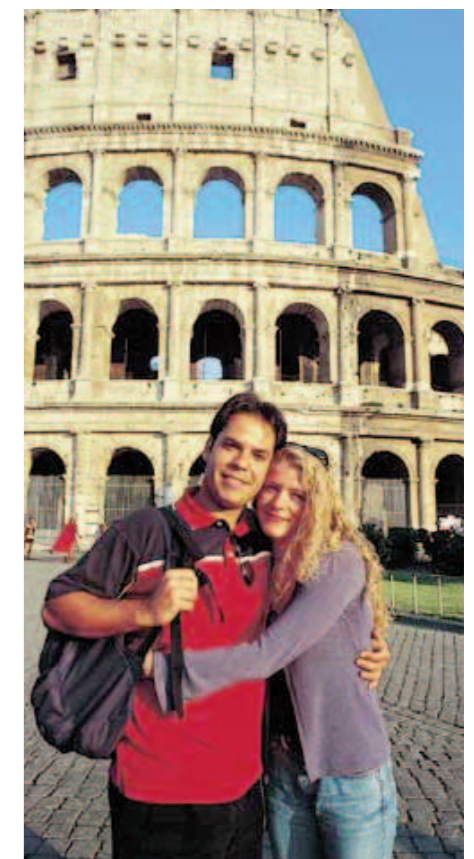
Scuola Leonardo da Vinci® - Siena

via del Paradiso 16, 53100 Siena-Italia
 Tel. +39-0577.249097 • Fax +39-0577.249096
 Email: siena@scuolaleonardo.com • Skype: learnitaliansiena

General Information:

Scuola Leonardo da Vinci® - Marketing Office

via Brunelleschi 4, 50123 Firenze-Italia
 Tel. +39-055.290305 • Fax +39-055.290396
 Email: info@scuolaleonardo.com • Skype: italianinitaly
www.scuolaleonardo.com



Scholarship 2014

• To be filled in by the student/grant holder •

Mrs. Ms. Mr.

FIRST NAME:

FAMILY NAME:

Place and date of birth:

Home address:

Phone: / Fax: /

E-mail: Profession:

I wish to enrol at the school in: Florence Milan Rome Siena

I wish to enrol to the following courses:

Course N°	Description	Starting date	Duration in weeks
111	Intensive Course		3

The school will reserve the following accommodation:

Shared apartment, single room, use of kitchen for 20 nights (from Sunday before the beginning of the course until Saturday after the end of the course).

I hereby confirm that I have read and accepted the "Conditions of participation for grant holders":

Place and date _____ Signature of the grant holder _____

Please fill out also the following page 

N° studente

Data iscrizione

QUESTIONNAIRE FOR THE STUDENT/GRANT HOLDER

Have you already studied Italian? Yes No

Name and address of School / Institute:

Name of Italian teacher:

For how long did you study Italian?

_____ years _____ months _____ weeks for _____ hours/day

On which text book(s) you studied Italian?

Title(s) of text book(s)?

Why are you interested in studying Italian?

For professional reasons, which ones?

For entering in an Italian School/University;
in which School/University would you like to study and which subject?

Because I like the language!

Other reasons:

CONDITIONS OF PARTICIPATION FOR GRANT HOLDERS - 2014

This form must be sent, duly completed in all its parts, to the school office of SCUOLA LEONARDO DA VINCI® of your choice (see addresses on the first page), at least 6 weeks before the beginning of the course. In case the school accepts this application, the student will follow a free Intensive course (No. 111) of Italian language and culture for 3 weeks (60 lessons) on a date of her/his choice. The scholarship includes accommodation for 3 weeks (20 nights) in shared apartment, single room. Travel expenses will be borne by the student. The starting date of the course (scholarship), once agreed with the school, can not be changed for any reason and the grant holder can not be replaced by another person. With the signature on the request of scholarship the participant confirms that she/he has read and accepted the "Conditions of participation for grant holders".