



Accademia Riace

Scholarship Application Form

Please fill in this form completely.
Personal Information

Photo
(30mmX40mm)

Last Name		First Name		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Nationality		Date of Birth (dd/mm/yy)		Place of Birth
(Home address) Street and Number		City		State
Zip Code		Country		E-mail
Home Telephone		Cell phone		
Occupation				
Education				
School/College/ University		Location		
From / To		Degree		
Other education or training				
Work Experience				
Name of Company		Position		
From / To				
How did you hear about ACCADEMIA RIACE?				

Program You are applying *Scholarship program

☐ One-Year Course

☐ Master Course

☐ I apply for the student reporter scholarship

Course Name _____

Start Date (dd/mm/yyyy) _____

I prefer to attend classes in ☐ Italian ☐ English (Interpreter)

Required Documents

Send the following documents via email to - accademiariaci@accademiariaci.info

- ☐ 1-2 pages statement object, theme: " Tell us the reasons for your decision to study in our Academy, and what you hope to accomplish."
- ☐ Portfolio with 12 Art works as an attachment in PDF format.
- ☐ Copy of diploma (English or Italian)
- ☐ Photocopy of your passport
- ☐ 1 photo (3cm X 4cm)
- ☐ Copy of school transcripts (English or Italian)

Preferred Documents

- ☐ 1/2 recommendation letters from faculty, work supervisor or any authority with a close relationship.

ACCADEMIA RIACE PRIVACY POLICY

Accademia Riace is registered to hold your personal data under the European Reg (UE) 2016/679-and Italian privacy law (our privacy policy is available on our official web site). This information will be used for administrative purposes. I hereby agree to comply with the above regulations and I authorize the use of my personal information by Accademia Riace, in accordance with Reg. (UE) 2016/679 General Data Protection Regulation and Italian law on privacy.

I will pay the tuition fee within 30 days after accepting the scholarship.

I have read, understood and agree to the ACADEMIC POLICIES.

Signature _____

Date _____

*For School Use Only



Accademia Riace

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