

**UNIVERSITÀ DI PISA**

FULL TIME MRM

**Master in Risk Management**

Scholarship form

**Full Time MRM – Scholarship Application form**

**Scholarship application form must be sent to:**

MRM Admission Team

Dipartimento di Economia e Management Via Ridolfi, 10 - 56124 Pisa

Tel +39 050 2216227

Fax +39 050 2210603

E-[mail: master.rm@unipi.it](mailto:master.rm@unipi.it)

1. Personal Information

Surname/Family name: First name: Date of birth (dd/mm/yy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: Nationality:

Permanent Address

City: Country/State/Province: Postal code: Telephone:

Current Address

City: Country/State/Province: Postal code: Telephone: Fax: Mobile: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* MALE ⁭ FEMALE ⁭ MARRIED ⁭ SINGLE

Number of children: \_\_\_\_\_\_\_\_\_

1. Financial Support

How do you plan to fund the programme?

Please give full details of any financial support you already receive (if you are receiving no support, then please specify NONE):

* Family
* Sponsorship from employer
* From other sources (specify) 1

1. Declaration

I confirm that the above details are correct to the best of my knowledge and belief. I acknowledge that if I am discovered to have made an untruthful statement then the University may withdraw any scholarship awarded and may also take other disciplinary action it seems appropriate. I consent for my form and associated documents to be sent to those organizations funding scholarships.

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 *Financial supports cannot be accumulated with other scholarships or funding.*