



UNIVERSITÀ
DI SIENA
1240

Annex 2 Application form

I, the undersigned (*name and surname*) _____, student no. _____
born in _____ Country _____ on _____
Resident in (*full address*) _____ Postal code _____ Country _____
tel. _____ cell. _____ e-
mail (University account) _____@student.unisi.it

Aware of the penalties in the case of false declarations pursuant and consequent to articles 73 et seq. of Presidential Decree no. 445/2000,

HEREBY DECLARE

that I am in arrears with payment of University fees and dues and late payment fees:

- a) _____ instalment a.y. _____ for a total of € _____ + late payment fee € _____
b) _____ instalment a.y. _____ for a total of € _____ + late payment fee € _____
c) _____ instalment a.y. _____ for a total of € _____ + late payment fee € _____

that in AY 2020/2021 I WAS IN RECEIPT of **special funding or other benefits** of any nature or type from other **public or private institutes**;

that I WAS IN RECEIPT of the **Special Solidarity Fund for Students** from the University of Siena in AY. 2020/2021;

that I WAS IN RECEIPT of the Solidarity Fund in academic year(s) _____ for a total sum of _____;

that I HOLD **another university qualification** of the same level as that of the course for which I am requesting access to Solidarity Fund 2020/2021. Specify the qualification, University and date of award



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REQUEST

that I be granted **ACCESS TO SOLIDARITY FUND 2020/2021** due to the special or unexpected personal or family circumstances that have determined an immediate and substantial change to my personal and/or family finances and so that these circumstances do not represent an impediment to the regular progression of my university studies

The circumstances are:

- illness, personal or that of a parent or a member of the family unit;
 - serious accident or surgery, personal or to a parent or a member of the family unit;
 - death of a member of the family unit or of a non-cohabiting sibling
 - redundancy/unemployment/temporary redundancy of a parent or another member of the family unit;
 - economic activity of a parent or another member of the family unit suspended due to the Covid-19 health emergency
 - loss of the home of residence due to a judiciary proceeding for the forced recovery of credit
 - area of residence affected by seismic events and/or natural disasters, provided that the resident home has been declared unfit for occupancy;
 - 50% - 65% disability, as established by article 21, paragraph 2 of the Regulations for the calculation and payment of fees and dues for enrolment on courses at the University of Siena - academic year 2020/2021.
 - other, specify
-
-

I also attach:¹

- 1.** - analytical documentation attesting to the grave personal, family or financial difficulties
(NOTE: documentation must be submitted as a single file)

Date _____

Signed _____



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I, the applicant, declare that:

1. I have read the notice and shall respect the provisions set out therein;
2. I am aware that data entered shall be processed for the institutional purposes of the interested administrations and may be communicated to public administrations in accordance with the law or regulations or in any case when required for carrying out institutional duties.

I, the applicant, authorize the University of Siena to process my personal data pursuant to EU Regulations 679/2016 governing the protection of personal data and Legislative Decree 196/2013 Privacy code, pursuant to art. 6 of the notice.

Date _____

THE APPLICANT

¹ The following files must be attached:

1. Application form (annex 2) duly completed and signed (scanned copy or image file)
2. documentation attesting to the grave personal/family/financial difficulties (annex 3)