



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)  
Image specification: 1000x1500 pixel size, resolution 300 dpi, jpg minimum compression (quality 12)
- 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?

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

yes     no

If yes: what?

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**Enclosed: Medical Certificate**

**Signature of parents and student:**

**Doctor's signature:**

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**Date:**

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