

IUPALS SCHOLARSHIP
ITALIAN UNIVERSITIES FOR PALESTINIAN STUDENTS
APPLICATION FORM FOR A.Y. 2025/2026

PERSONAL INFORMATION

Surname

Name

Date of birth (dd/mm/yyyy)

Place of birth

Country of origin

Gender

Email address

Phone number

Full address

I am applying for the call for applications for 1 IUPALS scholarship for enrolment in the 2025/2026 academic year in one of the Unimore degree programmes indicated in order of preference:

- 1.
- 2.
- 3.

I declare that I accept the conditions set out in the Call for Applications.

Date

Signature
