

Application form: Family-Financial Grant II

PERSONAL DETAILS

First name:		Last name:			
Pass	sport/ID number:				
Add	ress:		Nº:	Floor:	Letter:
Post	al/Zip code:	Locality:			
Prov	vince/ State/ Region:	Phone (Include country code):			
E-m	ail:				
NE	CESSARY DOCUMENTATION				
	Completed, dated and signed application form.				
	A letter stating the reasons why you are requesting stud	dy assistance.			
	A photocopy of the income tax return for the last fiscal	year submitted by parents, $arepsilon$	guardians o	r the person	responsible for
	the payments.				
	In case of not being obliged to file an income tax return	, proof of being in this situat	ion and a c	ertificate of a	assets or a
	document showing the income obtained.				
	Proof of income for the last three months (pay check, e	tc.).			
	Self-employed professionals must submit the last four q	uarterly VAT returns.			
	Other documentation supporting the above.				
The	documentation must be send to the following e-mail add	lress:			
mad	ridscholarships-ayudas@cordonbleu.edu				
/*\ NI o	request will be presented in the absence of any of the requiered decuments				

(*) No request will be processed in the absence of any of the requiered documents.

(*) Le Cordon Bleu UFV garantees the absolute confidentiality of all the data provided by the applicant.

FINANCIAL DETAILS

Relationship	Name and Lastname	Date of birth	Profession / Current studies	Employment situation	Work location/ studies
Applicant					

The student applicant must indicate the details of all the members of his family unit. In the case that he declares to be dependent on his parents or guardians, he must indicate the details of both and the rest of the dependent siblings of that family unit, if applicable. In the case of declaring family and economic independence, the student must indicate only his or her data, unless he or she declares an independent family unit, in which case he or she must indicate the data of all the members of the family that are part of the applicant's household.

Le Cordon Bleu UFV, S.L. domiciled in Madrid, Road Pozuelo to Majadahonda km, 1,800, Pozuelo de Alarcón, informs you that the data provided is subject to automated processing and will be incorporated to the files property of Le Cordon Bleu UFV. S.L. registered in the Data Protection Agency. This data may be used in order to inform you about our social object, and may be given to the Foundation University Francisco de Vitoria and to Le Cordon Bleu International for the same purposes. In accordance with article 5 of Act 15/1999, of December 13th of Personal Data Protection, you are entitled to require access, rectification, cancellation and objection of your personal details in our files by sending an e-mail to admisionescordonbleu@ufv.es



PROGRAMMES:

Select the programme*:



Select:		
Term:		
☐ July		
□ October		
Year:		

STATEMENT

granting it, as well as the information contained in the application form, the prices, the methods of payme academic procedures.	criteria for
academic procedures.	ent and the
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☐ I declare that all the information given in this application is correct and true and I accept that any false or inaccurate information given here or in the documents I have submitted will lead to the loss of my status as a beneficiary of the financial aid granted by the school.

Signature of the applicant:

To be completed by the student: NAME: ________ SIGNATURE: _______

Signature of the breadwinner:

To be completed by the breadwinner:		
NAME:		
DATE:	SIGNATURE:	

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