



PERSONAL DETAILS

First name: _____ Last name: _____

Passport/ID number: _____

Address: _____ Nº: _____ Floor: _____ Letter: _____

Postal/Zip code: _____ Locality: _____

Province/ State/ Region: _____ Phone (Include country code): _____

E-mail: _____

NECESSARY DOCUMENTATION

- Completed, dated and signed application form.
- A letter stating the reasons why you are requesting study assistance.
- A video explaining why you want to enroll in Le Cordon Bleu Madrid school (1-2 min).
- A video preparing a recipe and talking about yourself (4-5 mins).

You should be answering the following questions on your video:

- Why that recipe?
- When did your passion for cooking started and where did it come from?
- In your opinion, what is the most important thing when it comes to cooking?

Note: we will choose the beneficiary after reviewing all videos.

(* No request will be processed in the absence of any of the required documents.
 (*) Le Cordon Bleu UFV guarantees the absolute confidentiality of all the data provided by the applicant.

The documentation must be send to the following e-mail address:
madridscholarships-ayudas@cordobleu.edu

PROGRAMMES

Select the programme:

<input type="checkbox"/> Cuisine Diploma (600 hours)	<input type="checkbox"/> Pastry Diploma (420 hours)	<input type="checkbox"/> Spanish Cuisine Diploma (420 hours)																		
<table border="1"> <tr><td>Prices</td><td>26.350 €</td></tr> <tr><td>Grant</td><td>-6.000 €</td></tr> <tr><td>Total price</td><td>20.350 €</td></tr> </table>	Prices	26.350 €	Grant	-6.000 €	Total price	20.350 €	<table border="1"> <tr><td>Prices</td><td>21.350 €</td></tr> <tr><td>Grant</td><td>-6.000 €</td></tr> <tr><td>Total price</td><td>15.350 €</td></tr> </table>	Prices	21.350 €	Grant	-6.000 €	Total price	15.350 €	<table border="1"> <tr><td>Prices</td><td>17.950 €</td></tr> <tr><td>Grant</td><td>- 6.000 €</td></tr> <tr><td>Total price</td><td>11.950 €</td></tr> </table>	Prices	17.950 €	Grant	- 6.000 €	Total price	11.950 €
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Select:

Term:

January

October

Year: _____



STATEMENT

- It is my wish to apply for financial aid and I hereby state that I know, accept and have read the rules and criteria for granting it, as well as the information contained in the application form, the prices, the methods of payment and the academic procedures.
- 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:

DATE: SIGNATURE:

Signature of the breadwinner:

To be completed by the breadwinner:

NAME:

DATE: SIGNATURE: