

**ESPOO MUSIC INSTITUTE**  
PO.BOX 6666  
02070 Espoon kaupunki

**A SCHOLARSHIP APPLICATION**  
**ACADEMIC YEAR 2025-2026**

Student's name and date of birth \_\_\_\_\_

Name and profession of guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Names and years of birth  
of sibling \_\_\_\_\_

<b>Family income EUR per month</b>	<b>brutto/netto</b>
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* Mother's salary	_____
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* Father's salary	_____
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* Child benefit	_____
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* Alimony	_____
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* Housing benefit	_____
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* Study grant	_____
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* Other income, please specify	_____
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Total	_____
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Other possible studies in favor of a free student place

\_\_\_\_\_

\_\_\_\_\_ use the reverse side if necessary

Espoo / 2025 Signature \_\_\_\_\_

**\* Required attachments** latest tax certificate  
salary certificate  
other income certificates (unemployment, housing benefit, alimony, study grant)

**The application and its attachments will be returned no later than  
Thursday September 4, 2025 at 10:00. Late applications will not be processed.**