

ESPOO MUSIC INSTITUTE
PO.BOX 6666
02070 Espoon kaupunki

A SHOLARSHIP APPLICATION
ACADEMIC YEAR 2026-2027

Student's name and date of birth _____

Name and profession of guardian _____

Address _____

Phone number _____

Email address _____

Names and years of birth
of sibling _____

Family income EUR per month	brutto/netto
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* Mother's salary _____

* Father's salary _____

* Child benefit _____

* Alimony _____

* Housing benefit _____

* Study grant _____

* Other income, please specify _____

Total _____

Other possible studies in favor of a free student place

use the reverse side if necessary

Espoo / 2026 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
September 8, 2026. Late applications will not be processed.**