

## Application Form

2025-2026

EMUNA ITALIA

Marital status			
Surname:			
Name:			
Date of birth:		Place of birth:	
Address:			
ZIP Code:		City:	
Telepone:			
E-mail:			

Current position		
Year	Institution/Organization/Company	Position held

Education		
Year	Degree	Institution

Function directly related to your confession or culture (priest, imam, rabbi, academic, etc.)



Reason for applying	
Reason	Indicate one or more reasons
Personal	
Professional	

Personal expectations for participation in the program

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Self-financing

Funding by an institution

Name of the organization: .....

Contact: .....

Contact telephone number: .....



Billing address: .....

Contact e-mail: .....

**To apply for the Emuna Italia program, please attach the following documentation:**

- this form duly completed
- a personalized cover letter
- a CV
- a cover letter (for candidates who do not have an IT link)
- a copy of an identity document (front/back)

The application form complete with the above documentation must be sent by email to [emunaitalia@gmail.com](mailto:emunaitalia@gmail.com)

**no later than September 20, 2025.**

Admission to the program will be communicated by September 30.

For any administrative information, please contact the Emuna Italia Secretariat at +39 06 85222351 or by mail: [emunaitalia@gmail.com](mailto:emunaitalia@gmail.com).

For participation in the program the **total cost is € 1,000** (based on 17 training and research seminars at a cost of less than € 60 each), which can be paid in **two installments of € 500** (by October 10, 2025) and **€ 500** (by December 19, 2025). In case of a single payment (by October 10, 2025), the total cost is **reduced to € 800**.

**The maximum limit of absences** from seminar days and group projects (see <https://leap.luiss.it/it/emuna/>) **is three**, under penalty of losing the right to receive the certification issued at the end of the Emuna Italia training course. **The maximum limit of absences** from the presentation of the group's collective projects during the seminar days is **also three**, under penalty of losing the right to certification.

**The payment must be made by bank transfer to:**

Luiss Guido Carli - Viale Pola, 12 – 00198 Roma  
SWIFT BCITITMM  
IBAN: IT37U0306905060100000300001

Reason for payment: **Contributo di partecipazione ai seminari di LUISS LEAP - EMUNA Italia**



**I authorize Emuna Italia to share the data collected** (Name, Surname, email address, telephone number, community of belonging) **with other students, the founders and the Jury of Emuna Italia**, only when I myself am accepted as a student at Emuna Italia 2025-2026.

I authorize

I deny authorization

**I authorize the publication** of my data indicated above on the Emuna Italia website (with the exception of my telephone number).

I authorize

I deny authorization

**Information on the processing of personal data** <https://www.luiss.it/informativa-trattamento-dati-personali>

Date

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Signature

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