



Application for one-time financial support

Verein zur Förderung in Not
geratener Studierender an der
Hochschule Darmstadt e.V.

Please enclose your documents completely according to the checklist (see attachment) only then, can your request be processed quickly. Your application will be kept strictly confidential.

1. Personal details

Last name:

First name:

Street, Number:

Apartment or room number:

Are you living in a living community? No Yes

Postcode: Town/ city:

Telephone/ Mobile:

E-Mail:

Marital status:

Do you have children? No Yes ↓
If yes, are you a single parent?

No Yes

If you are not a single parent, what is the name of your partner:
.....

Is your partner also a student? No Yes

2. Have you already studied before your current studies?

No

Yes, in another degree program at h_da:

at another university:

→ Please note: add an unenrollment or graduation certificate.

Change to: winter semester summer semester

3. Financial situation:

Income Source	Average monthly income/ outgoing
I have a job currently	€
My last job was from ... until	€
I receive financial support from my family/ friends	€
I receive BAföG	€
I receive different financial support (Child support, scholarship, etc.)	€
Total income	€
Outgoing I spend currently a month...	Please remember to convert quarterly, half-yearly or yearly costs to one month!
... for rent	€
... for additional costs (example utilities)	€
... for Phone/ Internet	€
... for health insurance	€
... for the tuition/ cost of school	€
... to live	€
... for others	€
Total outgoing	€
Income minus outgoing per month	€

4. Have you applied for assistance before at „Verein für in Not geratene Studierende“?

No Yes, in the year of:

5. Have you received assistance before from the institutes?

KHG No Yes, Amount: EUR Jahr:

ESG No Yes, Amount: EUR Jahr:

8. I request assistance for:

(Please prioritize -1 very important, 2 important, etc.)

- Rent (formonth/s)€
- Health insurance (formonth/s)€
- Shopping vouchers for food€
- Other€
- Other€

9. Statement:

I assure you that my information in this application is true. I am aware that in the case of incomplete information, my application can not be processed and that false information will lead to a refusal and that unduly paid contributions will be reclaimed.

As soon as my financial situation has improved again, I will return the support received to the association.

I agree with the electronic storage of my personal data for processing the application. I understand that processing the request may involve reconciliation with other supporting facilities. The Association for the Advancement of Distressed Students at h_da e.V. ensures that personal data is only used to process this application and, moreover, that it is not passed on to third parties. After repayment of the support, your data will be deleted.

Place, Date Signature

Decision of the executive

The application is processed atthru:

Total amount: EUR

Notice:

Signature