

Application Form for Financial Assistance

Name of applicant _____

Please give below a statement of your financial situation and need. It will be to your advantage to be as specific as possible.

Family situation

Please list all family members (mother, father, sisters, brothers, grandparents, spouse, partner, children etc.) that live in the same household with you:

Relation	Name	Age
Relation	Name	Age
Relation	Name	Age
Relation	Name	Age
Relation	Name	Age
Relation	Name	Age

Financial situation

Please indicate the monthly net income for each of the persons listed below earning a monthly wage. (If you live with a single parent or alone, also indicate the monthly income of both parents.) The information given has to be confirmed by an attached document (pay-slip or a tax income report), where the **monthly income is made apparent**.

If applicable the amount of financial support the applicant receives has to be confirmed by an attached document, where the **amount received is made apparent**.

All attached documents have to be translated into English or German by an official translator or notary.

Applicant's monthly net income	Attachment No
Mother's monthly net income	Attachment No
Father's monthly net income	Attachment No
Partner's/spouse's monthly net income	Attachment No

Amount of state support, grants, scholarships or other financial support the applicant presently receives. Please indicate the period of time each amount is received for. (If needed add an extra sheet.):

Support 1	Period of time	Attachment No
Support 2	Period of time	Attachment No

Affirmation

I affirm that the information given in the application is complete and accurate.

Date: _____ Applicant's signature: _____

Applications for financial assistance must reach the office of the Sommerhochschule by **February 28, 2023**.