

Application Form for Financial Assistance

Name of applicant _____

Family situation

Please list all family members (mother, father, sisters, brothers, grandparents, spouse, partner, children etc.) that live on the family income.

Please indicate in the right column whether the individual lives in the parent's household.

Relation	Name	Occupation	Age	yes/no
Relation	Name	Occupation	Age	yes/no
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Relation	Name	Occupation	Age	yes/no
Relation	Name	Occupation	Age	yes/no
Relation	Name	Occupation	Age	yes/no

Financial situation

Please indicate the monthly net income for each of the persons listed below. If you live with a single parent or alone, also indicate the monthly income of both parents. If you receive alimony from one of your parents, please indicate this and list the amount under your monthly income. 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**. All attached documents have to be translated into English or German by an official translator or notary.

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

Please list the amount(s) of state support, grants, scholarships or other financial support you receive and indicate the period of time each amount is received for.

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

If it is necessary to explain your family or financial situation in more detail, please submit a short statement on an extra sheet.

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, 2025**.