

APPLICATION SCHOLARSHIP FOR THE BEGINNING

Personal Information

Family name, first name _____
Birthday _____

Address

Street, Street No _____ Zip Code, place _____
Phone No _____ email address _____

Information on parents

Name _____ Occupation _____
Monthly net income _____

Name _____ Occupation _____
Monthly net income _____

No of siblings _____ age _____

Information on family status

Marital status _____
No of children _____ Age of children _____

If married

Name _____
Occupation _____ Monthly net income _____

Bank account details

IBAN _____ BIC _____
Name of Bank _____

Application for type and height

Max 3 months and maximum of 750€
Max 6 months and a maximum of 300€ (combination BAföG)
Max 6 months and a maximum of 400€

I agree to the access of my BAföG files and confirm the accuracy of my information

Place and date _____

Signature _____