

## APPLICATION SCHOLARSHIP FOR THE BEGINNING

### Personal Information

Name, First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

citizenship \_\_\_\_\_

### **Address**

Street and no \_\_\_\_\_ Zip code and place \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

### Information on studies

University \_\_\_\_\_

Subject of studies \_\_\_\_\_

Start of studies \_\_\_\_\_

### Information on parents

Name \_\_\_\_\_

Profession \_\_\_\_\_ Monthly net income \_\_\_\_\_

Name \_\_\_\_\_

Profession \_\_\_\_\_ Monthly net income \_\_\_\_\_

Number of siblings \_\_\_\_\_ Age \_\_\_\_\_

### Information on family status

Marital status \_\_\_\_\_

Number of children \_\_\_\_\_ Age \_\_\_\_\_

### **If married**

Name \_\_\_\_\_

Profession \_\_\_\_\_ Monthly net income \_\_\_\_\_

**Details of the planned study financing**

BAföG	Yes	<input type="radio"/>	No	<input type="radio"/>	Already applied for	Yes	<input type="radio"/>	No	<input type="radio"/>
Parents support	Yes	<input type="radio"/>	No	<input type="radio"/>					
Work	Yes	<input type="radio"/>	No	<input type="radio"/>	Job already exists	Yes	<input type="radio"/>	No	<input type="radio"/>
Pension	Yes	<input type="radio"/>	No	<input type="radio"/>					
Scholarship	Yes	<input type="radio"/>	No	<input type="radio"/>	Already applied for	Yes	<input type="radio"/>	No	<input type="radio"/>
Which exactly	_____								
Other	_____								

**Bank details**

IBAN	_____	BIC	_____
Name of Bank	_____		

**Requested type and amount of financing**

Up to 750€ for a maximum of 3 months	<input type="radio"/>
Up to 300€ for a maximum of 6 months (Kombination BAFöG)	<input type="radio"/>
Up to 400€ for a maximum of 6 months	<input type="radio"/>

There is a cooperation in the scope of the scholarship for the beginning with Arbeiterkind.de. They offer a specific onboarding appointment that you can attend to familiarise yourself with the services offered by Arbeiterkind.de. Furthermore, they offer the opportunity to take part in a special peer-to-peer mentoring programme.

**I agree to my contact details being passed on to Arbeiterkind.de as part of this cooperation.**

Yes  No

**I consent to the access of my BAFöG files.**

Yes  No

**I confirm that the information I have provided is correct. I am aware that false information may lead to the cancellation of the scholarship.**

Place and date \_\_\_\_\_

signature \_\_\_\_\_