

Send by e-mail to: hilfsfonds.soziales@studentenwerk-hannover.de

Application for a grant from the assistance fund for students with children and students with disabilities / particularly burdened student groups

Applicant

<input type="checkbox"/>	female	<input type="checkbox"/>	male	<input type="checkbox"/>	non-binary
Name				First name	
Date of birth				Place of birth	
Nationality					
Street, no., phone				Postcode, city	
University				E-mail	
Degree programme					
Registration no.					

Account details

Account holder			
IBAN		BIC	

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Please describe how you finance your studies. Please list your regular monthly income.

Income

If both parents live in the same household, please state only half of the income for the child/children.

Maintenance (e.g. parents, partner, other relatives)

Non-cash benefits from partner¹

Child benefit for child/children

Child benefit for applicant own

Alimony for child/children

Earnings through jobbing

Social benefits for child/children (e.g. housing benefit, citizen's allowance)

Scholarship

Student loan

Social benefits for compensation illness/ handicap (e.g. integration assistance, victim's pension)

Parental allowance

Other (e.g. housing benefit, citizen's allowance for single parents)

Total income

For students with child/children

Please give us information about your child/children.

Does the child/children live in your household?

Yes

No

If the child/children do not live in your household: Do you pay alimony for the child/children?

Yes

No

For pregnant students

Please state the expected date of birth

For students with a chronic illness / handicap

Please state the nature of the impairment

¹ If you live with a partner in a household and they pay non-cash living expenses (rent, food, etc.) for you, please state the monthly amount.

Would you like to give us further information?

Please enclose the following documents as PDF-Files:

- Current university registration certificate
- Complete bank statement for the month prior to the application (the bank statement must show the name of the applicant)

Students with a child also enclose

- Birth certificate of the child/children
- If the child/children do not live in your own household: Proof of alimony payments

Pregnant students also enclose:

- Proof of pregnancy (usually maternity passport)

Students with a chronic illness / handicap also enclose:

- Certificate of impairment or long-term illness, respectively

Please confirm by ticking the appropriate box:

I confirm that the information I have provided is correct.

I confirm that I do not receive any support according to the Federal Training Assistance Act (BAföG).

I confirm that I have not applied for funds from the "Hilfsfonds Energiekosten" of the Studentenwerk Hannover.

I confirm that I do not live with my parents.

I am aware that there is no legal entitlement to the grant.

I agree that my personal data may be collected, stored and processed by the Studentenwerk Hannover to the extent that it is required for the application for a grant from the assistance fund. I can find the privacy policy of the Studentenwerk Hannover at <https://www.studentenwerk-hannover.de/datenschutz>.

.....
Place, date

.....
Signature