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|  | **Katholische Hochschulgemeinde Fulda**  Liobastraße 2  36037 Fulda  Telefon: 0151 64754008  E-Mail: info@khg-fulda.de  www.khg-fulda.de |
|  |  |

**Application for financial aid from the emergency fund of the diocese of Fulda**

*to be filled out by KHG Fulda*

**Personal information**

application number:

Last name:

First name:

Birth name:

Date of birth:

Nationality:

Marital status:

Number and age of children:

Street, house number:

Postal code and location:

Phone number:

E-Mail address:

IBAN:

Credit institution:

Subject of study:

Semester:

Expected date of graduation:

**Information about the financial situation**

Income (monthly) Total income: \_\_\_

* Through work:
* Through family support:
* Other:

Expenses (monthly): Total expenses: \_\_\_\_

* For rent:
* For health insurance:
* For tuition fees (per month):
* For groceries:
* For ride costs:
* Other:

Have you already received financial aid from another institution (e.g. ESG Fulda, AStA) this month?

* Yes, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**If you have already received financial aid from another institution this semester, KHG Fulda cannot accept your application.**

What caused your current emergeny?

I apply for support in the amount of \_\_\_\_\_\_\_ €.

I assure that all the information in this application is correct. I know that my application cannot be accepted in case of missing information and that untrue information will lead to the rejection of my application.

I agree with forwarding my personal information to ESG Fulda in order to verify my data.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date signature

Copies

* + identity card
  + certificate of study
  + transcript of records
  + statement of account
  + rental contract
  + CV in tabular form