



Katholische Hochschulgemeinde Fulda  
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## 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)

- Through work:
- Through family support:
- Other:

Total income: \_\_\_

Expenses (monthly):

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

Total expenses: \_\_\_\_

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 emergency?

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.

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Place and date

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signature

### Copies

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