|  |  |
| --- | --- |
|  | **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**

The application is checked and processed by the KHG Fulda and the Young Adults Department of the diocese of Fulda. The data is collected to determine the living situation and to ensure a smooth transfer. If an emergency situation is established, the funds can be transferred after 2-3 weeks.

*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. Your details will be checked by us in consultation with ESG.**

What caused your current emergeny?

I apply for support in the amount of \_\_\_\_\_\_\_ €. **(a maximum of 500€ emergency aid is possible per semester)**

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.

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

Place and date signature

Copies

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

Consent to data exchange with the ESG

(Protestant Student Community Fulda)

The different emergency aid funds of KHG and ESG may not be used in parallel in one semester. Applicants are of course free to choose where they apply. In order to avoid duplication, we compare the names of the applicants verbally with the ESG Fulda.

**The application cannot be processed if consent is not given for this data exchange.**

The data subject declares his or her consent to the above-mentioned purposes. However, consent can be withdrawn informally at any time and without stating reasons. The withdrawal of consent does not affect the lawfulness of processing based on consent before its withdrawal. To exercise the rights of the data subject (pursuant to Sections 17 et seq. KDG), in particular the right to erasure and the right to withdraw consent, the data subject can contact the following office:  KHG Fulda, Liobastraße 2, 36037 Fulda, email address: info@khg-fulda.de, telephone: 0151 64754008.

Responsible for the collection and processing of personal data is KHG Fulda represented by Mr. Böth ([hochschulpfarrer@khg-fulda.de](mailto:hochschulpfarrer@khg-fulda.de)).

The company data protection officer is Mr. Patric Rudtke, Paulustor 5, 36037 Fulda. [datenschutz-bistum@bistum-fulda.de](mailto:datenschutz-bistum@bistum-fulda.de).

There is a right of appeal to a data protection supervisory authority KDSZ Frankfurt: [www.kath-datenschutzzentrum-ffm.de](http://www.kath-datenschutzzentrum-ffm.de)

**Declaration of consent**

The data subject consents to the exchange of data for the purposes described above. The data will not be used for purposes other than those described or forwarded to third parties.

This consent is voluntary. This consent can be revoked at any time with effect for the future.

**I agree that my personal data provided above may be exchanged verbally for the purposes stated. I have received a copy of this consent.**

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

Place and date Signature