

APPLICATION FOR FINANCIAL ASSISTANCE

NAME OF APPLICANT _____

AMOUNT APPLIED FOR

The program fee for the International Summer Program 2010 is € 2,850. The partial scholarships available range from € 300 to € 2,300, the remaining amount must be paid by the applicant. Please indicate the scholarship amount you wish to apply for:

€

Please note that the indicated amount must reflect your financial situation and need.

Please give below a statement of your financial situation and need. It will be to your advantage to be as specific as possible.

FAMILY SITUATION

Please list all family members (mother, father, sisters, brothers, grandparents, spouse, partner, children etc.) that live in the same household with you:

Relation	Name	Age
Relation	Name	Age
Relation	Name	Age
Relation	Name	Age
Relation	Name	Age
Relation	Name	Age
Relation	Name	Age

FINANCIAL SITUATION

Please indicate the monthly net income for each of the persons listed below earning a monthly wage. (If you live with a single parent or alone, also indicate the monthly income of both parents.) The information given has to be confirmed by an attached document (pay-slip or a tax income report), where the **monthly income is made apparent**.

If applicable the amount of financial support the applicant receives has to be confirmed by an attached document, where the **amount received is made apparent**.

All attached documents have to be translated into English or German by an official translator or notary.

Applicant's monthly net income:	Attachment No:
Mother's monthly net income:	Attachment No:
Father's monthly net income:	Attachment No:
Partner's/spouse's monthly net income:	Attachment No:

Amount of state support, grants, scholarships or other financial support the applicant presently receives. Please indicate the period of time each amount is received for. (If needed add an extra sheet.):

Support 1	Period of time	Attachment No:
Support 2	Period of time	Attachment No:

AFFIRMATION

I affirm that the information given in the application is complete and accurate.

Date: _____ Applicant's Signature: _____

Applications for financial assistance must reach the office of the Sommerhochschule by **February 28**.