



STURA
HEIDELBERG

Posteingang

APPLICATION FOR HARDSHIP PAYMENT

Personal details:

Name, Surname (use block letters)

Street and house number

Postcode, city

Date of birth, place of birth

E-mail (very important for queries!) Mobile phone number

Subjects of study

BAföG application: When submitted, if submitted

Account details

Account holder: _____

IBAN: _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _

BIC: _ _ _ _ _ | _ _ _ _



Actual and expected income and expenditure

For future periods, estimates are sufficient. It is important not to hide any possible sources of income. As there is no typical month, please enter your expected income and expenditure for the current, previous and next calendar month so that we can also assess how much and for how long you will need help, and it will help us to have a reference period when you have not been in need. If there is anything that you do not understand or are not sure about, please do not hesitate to make a comment or note in the letter; we are interested in understanding your hardship as much as possible so that we can show you all the options for help and process your application as quickly as possible.

If your income or expenditure is constant, you can record this instead of filling in everything.

Revenue	Previous calendar month	Expenditure	Previous calendar month
Parents/Family	€	Rent	€
Job	€	Food	€
Student loan	€	Transportation	€
Scholarship	€	Health insurance	€
Other	€	Leisure	€
		Clothing	€
		Cellphone	€
		Internet	€
		Learning material	€
		Semester fee (share)	€
		Other	€
Total	€	Total	€

Revenue	Current calendar month	Expenditure	Current calendar month
Parents/Family	€	Rent	€
Job	€	Food	€
Student loan	€	Transportation	€



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Scholarship	€	Health insurance	€
Other	€	Leisure	€
		Clothing	€
		Cellphone	€
		Internet	€
		Learning material	€
		Semester fee (share)	€
		Other	€
Total	€	Total	€

Revenue	Upcoming calendar month	Expenditure	Upcoming calendar month
Parents/Family	€	Rent	€
Job	€	Food	€
Student loan	€	Transportation	€
Scholarship	€	Health insurance	€
Other	€	Free time	€
		Clothing	€
		Cellphone	€
		Internet	€
		Learning material	€
		Semester fee (share)	€
		Other	€
Total	€	Total	€



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The following documents are attached:

- Bank statements for the last 3 months
- Health insurance certificate, not older than 2 weeks
- Certificate of enrolment
- Description of your case with special attention to how you got into the situation, what effects it has on your studies and ideas on how a long-term way out of the financial hardship should look like and what efforts you have already made.

Optional:

- Residence permit, if no EU citizenship
- Excursion certificate for the application for excursion funding (issued by the Student Counselling Service)
- Other evidence relevant to the application (e.g.: BAföG notification, letter from the university, sick note, death certificate, letters from debtors, etc.).



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Assurance:

I have taken note of and understood the Regulations for the Award of Grants in Emergency Situations. I assure that the data in my application is true and that I do not have recourse to any asset reserves, maintenance or other sources of income in the short term. I do not receive any financial support from other bodies that I have not declared and authorise the Verfasste Studierendenschaft to pass on my application data to other bodies awarding grants, in particular the Studierendenwerk Heidelberg, in order to check and exclude any possible double funding. I am aware that I can revoke my consent to this in writing at any time.

I undertake, in the event that a hardship payment is granted, to immediately notify the hardship committee at notlagenausschuss@stura.uni-heidelberg.de of any changes in my circumstances that are relevant for the grant to be awarded. Should I be granted a subsidy, I undertake to use the subsidy only for. I am aware that I may only use disbursed funds for my studies and living expenses. In cases of interruption or discontinuation of studies, the grant will be revoked with effect from the end of the month in which the student discontinues or interrupts his or her studies. I assure that if any documents are missing at the time of application, I will submit them as soon as possible. Unterschrift

Consent to the processing of data

With my signature, I also consent to my data being processed for billing purposes.

Date / Signature Applicant

This signature confirms the accuracy of the information provided.