



Please return with cover letter and proof of payment to

Büro des Präsidenten
z. Hd. Maria Pallasch
Harvestehuder Weg 12
20148 Hamburg

Application for support for exceptional financial emergencies

Personal data:

Name	First Name	Date of birth
Name of (spouse) partner	First Name	Date of birth
Name Child(ren)	First Name	Date of birth
Address		
Phone	Mobile	
E-Mail	Fax	
Marital Status		
Level of care (if available)		
severe disability (if any) (please indicate GdB and characteristics/attach copy)		

Information about your course of study

Name and address of faculty

Course of study

Post degree study

Aspired study objective (expected examination dates)

Number of semesters and semesters completed

Information on the status of your studies and your current personal, social, family and, if applicable, health situation (if possible, attach your curriculum vitae, proof of existing degrees, examinations taken, recommendations of the university, etc.)

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Please describe briefly for what purpose you are applying for funding (temporary monthly (partial) scholarship, bridging an acute emergency, etc.)

**Total amount
Grant applied for**

EURO

Financial situation of your household:

Income / monthly	EURO	Expenditure / monthly	EURO
Remuneration (net)		Rent (warm)	
Salary (Concerts, appearances, exhibitions etc.)		Electricity, gas	
Income from occasional work (e. g. private student)		Water	
BAföG		Broadcasting fee (monthly)	
Social assistance		Phone	
Pension (e.g. half-orphan's pension)		Internet	
Sickness benefit		Semester fee	
Arbeitslosengeld I (Unemployment benefit I)		Learning materials (monthly approximation.)	
Arbeitslosengeld II / Sozialgeld (Unemployment benefit II/social allowance)		Health- / Nursing care insurance	
Student loans		Alimony to relatives	
Scholarship		Vehicle related expenses	
Child benefit		Repayment of Loan	
Alimony (e. g. from parents)		Instalments	
Alimony advance payments		Home contents insurance	
Housing benefits		Liability insurance	
Nursing benefits		Private pension insurance	
Other regular income (monthly approx.)		Occupational disability insurance	
		Other regular expenditures (e. g. subscriptions, co-payments for medicine etc.)	
Please attach supporting documents for the above points			
Total income		Total expenditures	
Additional expenses at the beginning of the semester (tuition fees, semester contribution, semester ticket etc.)		Appropriations available monthly (revenue - expenditure)	



Have you submitted applications for other foundations/institutions yes no

Foundation/Institution	Acceptance/rejection	EURO	Reviewed at

Please be sure to include your bank details so that the amount can be transferred promptly if subsidies are approved.

Account holder	Financial Institution		
IBAN:		BIC:	

All the above information has been provided to the best of our knowledge and belief. Incorrect statements or the omission of important information can result in the recovery of the subsidies. I am / we are prepared to substantiate all the above-mentioned details.

Location, Date

Signature

Declaration of consent under the DSGVO

I hereby agree that my contact data may be processed in the HfMT system for the following purposes:

- For structuring/organization as well as for establishing contact within the framework of this application procedure.
- Forwarding of applications to possible supporting charitable and non-profit foundations and supporting private individuals.

We would also like to inform you of your rights:

- Right to information about the personal data stored by us (Art. 15 DSGVO);
- Right to have incorrect or incomplete personal data corrected (Art. 16 DSGVO);
- Right to have stored personal data deleted, unless processing is necessary to exercise the right to freedom of expression and information, to fulfil a legal obligation, for reasons of public interest or to assert, exercise or defend legal claims (Art. 17 DSGVO);
- The right to restrict the processing of personal data (Art. 18 DSGVO);
- The right to object to processing which serves our legitimate interest, a public interest or profiling, unless we can demonstrate compelling reasons for processing which are worthy of protection and outweigh your interests, rights and freedoms, or the processing serves to assert, exercise or defend legal claims (Art. 21 DSGVO),
- Right to revoke the consent granted for the collection, processing and use of your personal data at any time with effect for the future (Art. 7 para. 3 DSGVO). As a result, we may no longer continue to process the data based on this consent in the future. For the revocation it is sufficient to send us an e-mail.
- Right to complain to a supervisory authority if you believe that the processing of personal data relating to you is in breach of the DSGVO (Art. 77 DSGVO).

The legal basis for the processing of the data is Art. 6 para. 1 lit. a DSGVO if consent has been given.

The consent/s may be revoked at any time with effect for the future.

Location, Date

Signature