



Name: _____ Matriculation number: _____

Application for funding from the social pot of the HTU Graz

Check List:

- Please complete the enclosed form,
- Confirmation of enrollment for the current semester,
- Proof of academic success for the last 2 semesters,
- Proof of income of the applicant (including social benefits and support from family and friends) and, if applicable, proof of income of the partner or parents/children/siblings if living in the same household (including social benefits and support from family and friends),
- Invoices or legal basis with brief justification for expenses exceeding EUR 200.00 (for the person making the application or for all persons living with them in the same household) persons living in the same household),
- consecutive bank statements for the last six months (for the applicant or for all persons living with him/her in the same household),
- Registration form of the applicant and, if applicable, of all persons living in the same household, stating the nature of the relationship to these persons. Proof of this must be enclosed (for married couples: Marriage certificate; for other couples, a jointly signed statement of facts on the relationship; for parents and children: birth certificate),
- For third-country nationals: a copy of the valid residence permit,
- A signed declaration of facts in which the person making the application substantiates all the information provided in the application and the enclosed documents. (A false declaration may have consequences under criminal law).

IMPORTANT!!!

It is very important that you enclose all the documents listed above! All incomplete applications will be rejected!





Application for funding from the SozTopf of the HTU Graz

Application Form

Personal information

Last name: _____

First Name: _____

E-Mail (TU): _____

Telephone number: _____

Street: _____

Postal code & city: _____

Citizenship: _____

Place of birth: _____

Date of birth: _____

Marital status: _____

Gender: male female other

Do you have children? Yes No

If so, how many? _____ and how old are they? _____

Course of studies: _____

What semester are you in? _____

Recipient of scholarship(s) Yes No

Have you ever received funds from the social fund? Yes No

If yes, when? _____

Have you received funds from the social fund of the Austrian Federal Student Council in the past semester? Yes No

If so, how much? _____ €





Information about the amount of your monthly income

What income do you live on? Please state your financial situation truthfully!

To prove social need, the student must clearly state the total income of the last 6 months and the total of all monthly expenses in the application. All individual expenses exceeding EUR 200 must be explicitly stated and justified. All information must be supported by a bank account statement in which the income is clearly marked separately from the expenses. **If you receive the money from your parents (or someone else) in cash, a signed declaration from your parents (another person) is required.**

All applications where the information on monthly income seems strange (no income or total monthly income below EUR 500) will not be considered.

Who lives with you in the same household?

Shared apartment Alone Parents Siblings Dormitory

If you live in the same household as your parents, please complete this form:

Name of your Father/Mother	Address	Profession	Monthly income in €

If you live in the same household as your partner, please complete this form:

Name of your partner	Address	Profession	Monthly income in €

Please fill in the monthly overview of your income and expenses (on the following pages) for the last 6 months. If you live alone, only fill in your income and expenses. Otherwise, please enter the joint income and expenses of you and your partner/parents.





Monthly overview of **income** and **expenses** for: _____

Income	Amount in €
Total All income:	_____ €

Total All expenses: _____ €		
Expenses over EUR 200	Amount in €	Explanation





Monthly overview of **income** and **expenses** for: _____

Income	Amount in €
Total All income:	_____ €

Total All expenses: _____ €		
Expenses over EUR 200	Amount in €	Explanation





Monthly overview of **income** and **expenses** for: _____

Income	Amount in €
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Monthly overview of **income** and **expenses** for: _____

Income	Amount in €
Total All income:	_____ €

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Expenses over EUR 200	Amount in €	Explanation





Monthly overview of **income** and **expenses** for: _____

Income	Amount in €
Total All income:	_____ €

Total All expenses: _____ €		
Expenses over EUR 200	Amount in €	Explanation





Description of current hardships

Please submit a description **handwritten in block letters or by computer!**
If the description is not legible, the application will be automatically rejected!





Bank details

IBAN: _____

BIC: _____

Account holder: _____

- The applicant must ensure that the application is completed in full and that all information in the application is clearly and obviously proven on the basis of the relevant documents.
- HTU Graz assumes no liability for transmission errors or other errors in the submission.
- There is no legal entitlement to the services of the Social Policy Department!

By signing this form, I confirm that the information I have provided is true and that I Signature have understood the enclosed data protection declaration and the information above.

Date:

Signature:

