

An die  
ÖH Mozarteum  
Mirabellplatz 1  
5020 Salzburg  
Covid19@oeh-mozarteum.at



## ***Request to the COVID 19 fund***

**ATTENTION:** Please put in absolutely all records!

Send us the filled in and signed request with all recorders (scans, pdfs) only via e-mail ([covid19@oeh-mozarteum.at](mailto:covid19@oeh-mozarteum.at)), all documents need to be in one single e-mail!

**We can only accept complete applications!**

\_\_\_\_\_  
Surname Name

\_\_\_\_\_  
Telephone Number Email

\_\_\_\_\_  
Adress

\_\_\_\_\_  
Nationality Place of Birth Date of Birth

\_\_\_\_\_  
University Field of studies Matriculation Number

\_\_\_\_\_  
approved in the current study since number of semesters

Have you ever changed your field of studies?  no  yes

Former field of studies: \_\_\_\_\_, Date of Change: \_\_\_\_\_

Number of positive examinations taken in the last two semesters: \_\_\_\_\_

Have you exceeded the minimum duration of your current degree program? Why?

\_\_\_\_\_

### **Grant**

Are you receiving study aid?  no  yes: how much? \_\_\_\_\_ € per month

### **Marital status:**

single  married  divorced  
 cohabitating  separated  widowed

**Usual Amount of monthly income** of your household (including your partner) – (**normal means in times before Covid19**):

- O through employment: € \_\_\_\_\_ O Unemployment/other governmental aid: € \_\_\_\_\_
- O Pension: € \_\_\_\_\_ O Child care/maternity allowance: € \_\_\_\_\_
- O Housing assistance: € \_\_\_\_\_ O Family allowance for your child/ren): € \_\_\_\_\_
- O Family allowance for you: € \_\_\_\_\_ O Social welfare: € \_\_\_\_\_
- O Alimony: € \_\_\_\_\_ O Other non-monetary support: € \_\_\_\_\_
- O Support from parents/family/friends: € \_\_\_\_\_
- O From federal states, municipality or other official institutions: € \_\_\_\_\_
- O Other (e.g. occasional jobs, donations, etc.): € \_\_\_\_\_
- Total usual monthly income: € \_\_\_\_\_**
- 

**Amount of monthly income** of your household (including your partner) **in the next months** – (**meaning on the impact of Covid19**):

- O through employment: € \_\_\_\_\_ O Unemployment/other governmental aid: € \_\_\_\_\_
- O Pension: € \_\_\_\_\_ O Child care/maternity allowance: € \_\_\_\_\_
- O Housing assistance: € \_\_\_\_\_ O Family allowance for your child/ren): € \_\_\_\_\_
- O Family allowance for you: € \_\_\_\_\_ O Social welfare: € \_\_\_\_\_
- O Alimony: € \_\_\_\_\_ O Other non-monetary support: € \_\_\_\_\_
- O Amount you can realistically expect as a support from your parents/relatives/friends considering the corona crisis: € \_\_\_\_\_
- O From federal states, municipality or other official institutions: € \_\_\_\_\_
- O Other (e.g. occasional jobs, donations etc.): € \_\_\_\_\_
- Total monthly income in the next few months, considering Covid19: € \_\_\_\_\_**
- 

**Amount of monthly spending** your budget in euros (receipts required) - **food costs don't need to be mentioned**

- O Rent (incl. OC): € \_\_\_\_\_ O Energy / Heating: € \_\_\_\_\_
- O household insurance: € \_\_\_\_\_ O health insurance: € \_\_\_\_\_
- O Childcare costs: € \_\_\_\_\_ O other: € \_\_\_\_\_

**Sum of all expenses per month without food expenses: € \_\_\_\_\_**

**Sum of your loss due to Covid19:**

**How much money did you lose in total due to Covid19?** (Concert cancellations, cancelled lessons, performances, exhibitions, shows etc.)

- please note - The total amount has to be shown with documents that prove: That an agreement existed, the fee and the cancellation of the event

**Sum of your losses due to Covid19: € .....**

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**Do you have children?**      no             yes:

**Name(s) and Date(s) of Birth**

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**Information about child care facility**

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Name and address of the institution / person (crèche, kindergarten, babysitter, childminder / father, Hort etc.)

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monthly cost of childcare (incl. heating u. Work contribution, but without food cost)	Date of commencement of service
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**Number and ages of siblings**

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**How many brothers and sisters are in training?**

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**Information about your partner:**

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Name of your partner

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profession

monthly income

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Address

**Information about your parents:**

\_\_\_\_\_  
Your mother's name

\_\_\_\_\_  
profession

\_\_\_\_\_  
monthly income

\_\_\_\_\_  
Your father's name

\_\_\_\_\_  
profession

\_\_\_\_\_  
monthly income

**Justification of the request (representation of an emergency, you can add another sheet if necessary):**

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**Have you received support of the Student's union or by other bodies (eg Caritas, AAI, OAD, WUS, BM:BWK etc.) within the last 12 months?**

no  yes: by whom, how much and when?

\_\_\_\_\_

**Your bank details:**

\_\_\_\_\_  
Bank

\_\_\_\_\_  
IBAN

\_\_\_\_\_  
BIC

## **Declaration of data protection (according to Richtlinien zum Covid19-Fonds, §8)**

- (1) All personal data and documents are treated with greatest care and confidence.
- (2) Within ÖH Mozarteum only the members of the selection committee have access to applications.
- (3) In no case personal data or documents are forwarded to third parties.
- (4) Personal data and documents are only used for processing the scholarships and calculating the individual amount.
- (5) All applications and documents will be archived for 7 years. They cannot be accessed by unauthorized persons.

## **Declaration of consent**

- (1) I confirm the correctness of my information with my signature.
- (2) I particularly confirm that I mentioned all my income.
- (3) I will provide my complete account statements and my parent's proof of income if the ÖH Mozarteum asks for it in the first 4 months after a positive scholarship confirmation.
- (4) I will communicate any unexpected and significant improvement of my financial situation during the first 4 months after a positive scholarship confirmation to ÖH Mozarteum. I will refund the scholarship partially or completely if I got the scholarship by giving wrong information. I will also refund the scholarship partially or completely if my financial situation improves significantly within the first 4 months after a positive scholarship confirmation.
- (5) I agree with the declaration of data protection mentioned above and confirm that I have read it.
- (6) I will send this request with all documents mentioned below via e-mail ([covid19@oeh-mozarteum.at](mailto:covid19@oeh-mozarteum.at)). I agree that my application cannot be taken into consideration if it is not complete or sent using a different way than via e-mail. I'm aware that there is no legal claim to receive a scholarship. I'm also aware that it is in the discretion of the selection committee to decide whether a scholarship is provided. The selection committee also decides about the amount of the scholarship.

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Date

signature

**Please regard the necessary documents you need to attach on the next page.**

## Required documents (scans only):

Incomplete information and documents - especially concerning the financial situation – will result in the rejection of your application due to lack of capacities.

X Meldezettel from you, your partner, your child / your children

X confirmation of enrollment (available at mozonline)

X All sides of the study grant notification (negative decisions)

X Proof of income of yourself

X all consecutive bank statements of the last three months prior to the application of your accounts (example: if you apply on 23<sup>rd</sup> of March 2020, your bank statements have to date back to at least 24<sup>th</sup> of December 2019).

X Payment confirmation of the last three months' rent

X Confirmation of all your regular income (contracts, pay slips...)

X **important:** Confirmation of your loss due to Covid19: The total amount has to be shown with documents that prove: That an agreement existed, the fee and the cancellation of the event(s)

X Third-Country citizens: Copy of your residence permit

O Detection of other scholarships

O Transcript, diploma certificate / se

O current confirmation of thesis or dissertation

O Confirmation of furloughs from studying

O if applicable: copy of your passbook

O Birth certificate of your child or your children

O Confirmation of maintenance payments, payment confirmation for alimony

O further evidence of your emergency (eg medical certificates, theft, therapeutic and / or Treatment cost statement, confirmation of rent arrears etc.)