

An die
ÖH Mozarteum
Mirabellplatz 1
5020 Salzburg
Tel: 0662 – 6198 - 4900



Request to the Teuerungsausgleichs 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 (teuerungsausgleich@oeh-mozarteum.at), all documents need to be in one
single e-mail!
We can only accept complete applications!

Surname	Name
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Telephone Number	Email
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Adress

Nationality	Place of Birth	Date of Birth
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University	Field of studies	Matriculation Number
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approved in the current study since	number of semesters
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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

referring you study aid? ☐ no ☐ yes: how much? _____ € per month

Marital status:

<input type="radio"/> single	<input type="radio"/> married	<input type="radio"/> divorced
<input type="radio"/> cohabitating	<input type="radio"/> separated	<input type="radio"/> widowed

Amount of monthly income of your household (including your partner):

- 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 From your parents/relatives/friends: € _____
- O From federal states, municipality or other official institutions: € _____
- O Other (e.g. occasional jobs, donations, etc.): € _____

Total monthly income: € _____

Amount of monthly spending your budget in euros **before the increase** (receipts required - except for Food costs):

- O Rent (incl. OC): € _____ O Energy / Heating: € _____
- O household insurance: € _____ O Radio and television license fee: € _____
- O health insurance: € _____ O study-related costs: € _____
- O Cost of: € _____ O travel expenses: € _____
- O Childcare costs: € _____ O other: € _____

Sum of all expenses per month before the increase: € _____

Amount of monthly spending your budget in euros **NOW** (receipts required - except for Food costs):

- O Rent (incl. OC): € _____ O Energy / Heating: € _____
- O household insurance: € _____ O Radio and television license fee: € _____
- O health insurance: € _____ O study-related costs: € _____
- O Cost of: € _____ O travel expenses: € _____
- O Childcare costs: € _____ O other: € _____

Sum of all expenses per month NOW: € _____

Do you have children ☐ no ☐ yes:

Name and Date of Birth

Information about child care facility

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

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

How many brothers and sisters are in training?

Information about your partner:

Name of your partner

profession	monthly income
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Address

Information about your parents:

Your mother's name

profession	monthly income
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Your father's name

profession	monthly income
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Justification of the request (representation of an emergency):

Do you have any of the Students' Union or by other bodies (eg Caritas, AAI, OAD, WUS, BM:BWK etc.) Get in the last twelve months have support?

☐ no ☐ yes: by whom, how much and when?

Your bank details:

Bank	IBAN	BIC
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I confirm with my signature the accuracy of the information.
In particular, I confirm that I do not receive any income not specified.

Date	signature
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**Declaration of data protection
(according to Richtlinien zum Teuerungsausgleich, §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 (teuerungsausgleich@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.

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.

to be enclosed in any case

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 23rd of March 2020, your bank statements have to date back to at least 24th of December 2019).

X Payment confirmation of the last three months' rent

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

X Third-Country citizens: Copy of your residence permit

X Proof of inflation (energy costs, rental costs, additional payments, etc

Enclose if applicable

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.)