

An die  
ÖH-Mozarteum  
Mirabellplatz 1  
5020 Salzburg  
Tel.: +43 676 88122559



## **REQUEST TO THE SOCIAL FUND OF THE MOZARTEUM SALZBURG**

Attention: Please put in absolutely all records!

.....  
Surname Name

.....  
Tel.-Nr. E-Mail

.....  
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**

Referring you study aid?  no  yes: how much? .....€ per month

if not, why not? .....

Did you ever study-based aid?

yes, when and why not now?  no

.....

**Family status:**

single    married    divorced    cohabitating    separated    widowed

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

- through employment: € .....
- Unemployment/ other governmental aid: € .....
- Pension: € .....    Childcare/ maternity allowance: € .....
- Housing assistance: € .....    Family allowance (for your child/red): €.....
- Family allowance for you: € .....    Social welfare: € .....
- Alimony: € .....    Other non-monetary support: € .....
- Support from your parents/ relatives/ friends: € .....
- Support from federal states, municipality or other official institutions: € .....
- Other (e.g. occasional jobs, donations, etc.): € .....

**Totally monthly income: €.....**

**Amount of monthly spending** your budget in euros (receipts required – except for food costs):

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

**Total of all expenses per month: €.....**

**Do you have children?**  no    yes:

**Name and date of birth**

.....

**Number and ages of siblings**

.....

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

.....

**Information about childcare facility**

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

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Monthly cost of childcare

(incl. Heating u. Work contribution, but without food cost)

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Date of commencement of service

**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:**

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Your mother's name:

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profession:

monthly income:

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Your father's name:

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Profession:

monthly income:

**Justification of the request (representation of an emergency):**

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

no  yes: from whom, how much and when?

.....

**Your bank details:**

.....  
Bank

IBAN

BIC

**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

### **Required documents (copies only):**

If the information and documents are incomplete - especially regarding the financial situation - the application will be rejected due to time constraints.

X Registration form from you, your partner, your child/children

X Confirmation of enrolment

O All pages of the student grant notification (including negative notifications)

O Proof of other scholarships

X collective certificate, diploma certificate(s)

O current confirmation of diploma thesis or dissertation

O Confirmation of leave of absence from studies

X Proof of income from you, your parents or your partner

X consecutive bank statements from your account(s) for the last three months prior to application

O if available: Copy of your savings book

O Birth certificate of your child or children

O Alimony agreement, confirmation of advance maintenance payments, confirmation of payment of alimony

X Confirmation of payment of the last three months' rent

O Receipts for all income

O Further proof of your emergency situation (e.g.: medical confirmations, theft report, proof of therapy and/or treatment costs

proof of treatment costs, confirmation of rent arrears, etc.)

### **Data protection regulations**

- All personal data and documents are treated with the utmost care and confidentiality.
- Within the ÖH-Mozarteum, only members of the award committee have access to the application documents.
- Under no circumstances will personal data and documents be passed on to third parties.
- Personal data and documents will only be used to process the scholarship and calculate the respective amount.
- All application documents will be archived for a period of 7 years so that they cannot be accessed by unauthorised persons.

## Declaration of consent

- I confirm by my signature that the information provided is correct.
- In particular, I confirm that I do not receive any undisclosed income.
- I will provide the ÖH-Mozarteum with subsequently requested documents upon request.
- I undertake to repay the scholarship in full or in part if I have received it on the basis of false information.
- I take note of the above data protection provisions and declare that I agree with them.
- I am aware that my application will not be processed if the documents are incomplete. I am aware that there is no legal entitlement to a scholarship and that the awarding of a scholarship is at the discretion of the ÖH-Mozarteum award committee.

.....  
Date:

Signature: