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, pfds) only via e-mail (<u>covid19@oeh-mozarteum.at</u>), all documents need to be in one single e-mail!

We can only accept complete applications!

Surename		Name		
Telephone Number		Email		
Adress				
Nationality		Place of Birth		Date of Birth
University		Field of studies		Matriculation Number
approved in the curre	nt study since		number of se	mesters
Have you ever change	ed your field of studie	s? O no	O yes	
Former field of studies	S:	,	Date of Change	:
Number of positive ex	aminations taken in t	he last two semes	sters:	
Have you exceeded the	ne minimum duration	of your current de	egree program?	Why?
Grant				
Are you receiving	study aid? O no	O yes: how	much?	_ € per month
Marital status:				
O single O cohabitating	O married O separated	O divorce O widow		

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

O through employment: €	O Unemployment/other govermental 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 of	official institutions: €
O Other (e.g. occasional jobs, donations, etc.): €
Total <u>usual</u> monthly income: €	
Amount of monthly income of your hou (meaning on the impact of Covid19):	usehold (including your partner) in the next months –
O through employment: €	O Unemployment/other govermental 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 su	upport from your parents/relatives/friends considering the
corona crisis: €	
O From federal states, municipality or other of	official institutions: €
O Other (e.g. occasional jobs, donations etc.)): €
Total monthly income in the next few i	months, considering Covid19: €
Amount of monthly spending your bud be mentioned	get in euros (receipts required) - food costs don't need to
O Rent (incl. OC): €	O Energy / Heating: €
O household insurance: €	O health insurance: €

Sum of all expenses per month without food expenses: € _____

Sum of your loss due to Covid19:

How much money did you lose $\underline{in\ total}$ due to Covid19? (Concert cancellations, cancelled lessons, perfomances, 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): €
Do you have children?	O no	O yes:
Name(s) and Date(s) of Bi	rth	
Information about child o	care facility	y
Name and address of the in Hort etc.)	stitution / pe	erson (crèche, kindergarten, babysitter, childminder / father,
monthly cost of childcare (incl. heating u. Work contril	bution, but w	Date of commencement of service without food cost)
Number and ages of sibl	ings	
How many brothers and	sisters are	in training?
Information about your p	artner:	
Name of your partner		
profession		monthly income
Address		

Information abo	out your parents:	
Your mother's na	ame	
orofession		monthly income
Your father's na	me	
orofession		monthly income
Justification of necessary):	the request (representation of an e	emergency, you can add another sheet
łave you receiv VUS, BM:BWK	red support of the Student's union etc.) within the last 12 months?	or by other bodies (eg Caritas, AAI, OA
	vhom, how much and when?	
Your bank deta	ails:	
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 particulary 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). 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.

- 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 <u>important:</u> 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.)