An die ÖH-Mozarteum Mirabellplatz 1 5020 Salzburg

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Application for special fund "tuition fees"

IMPORTANT: Please attach all relevant documents to the application!

1. Personal Data				
Last name:				
First name:				
Phone number:				
E-mail:				
Address:				
Nationality:				
Place of birth:				
Date of birth:				
2. Studies				
University:				
Field of study:				
Matriculation number:				
Admitted since (current study program):				
Current semester:				
Leave of absence (when, how long):				
Completed first or second stage of studies? □ No □ Yes,				
on:				
Change of study program? □ No □ Yes				
Previous field of study:				
Date of change:				
Number of passed exams in the last two semesters:				

3. Studienbeihilfe Are you receiving a study grant? □ No □ Yes, monthly amount: € If no, why not?				
4. Family Situa	ation			
Marital status:	☐ Single ☐ Married ☐ Divorced ☐ Civil partnership ☐ Separated ☐ Widowed			
5. Monthly Inc	ome (Household)			
(Proofs required)				
(Proofs required) □ Employment: €				
(Proofs required) ☐ Employment: € ☐ Unemployment				
(Proofs required) □ Employment: € □ Unemployment □ Pension: €	: t benefit/emergency aid: €			
(Proofs required) □ Employment: € □ Unemployment □ Pension: € □ Parental allowa				
(Proofs required) □ Employment: € □ Unemployment □ Pension: € □ Parental allowat □ Housing allowat	t benefit/emergency aid: € ance/child benefit: €			
(Proofs required) □ Employment: € □ Unemployment □ Pension: € □ Parental allowat □ Housing allowat □ Family allowan □ Family allowan	t benefit/emergency aid: € ance/child benefit: € ance: € ce (own or partner's): € ce for children: €			
(Proofs required) □ Employment: € □ Unemployment □ Pension: € □ Parental allowa □ Housing allowa □ Family allowan □ Family allowan □ Alimony: €	t benefit/emergency aid: € ance/child benefit: € ance: € ce (own or partner's): € ce for children: €			
(Proofs required) □ Employment: € □ Unemployment □ Pension: € □ Parental allowa □ Housing allowa □ Family allowan □ Family allowan □ Alimony: € □ Support from p	t benefit/emergency aid: € ance/child benefit: € ance: € ce (own or partner's): € ce for children: € arents/relatives/friends: €			
(Proofs required) □ Employment: € □ Unemployment □ Pension: € □ Parental allowa □ Housing allowa □ Family allowan □ Family allowan □ Alimony: € □ Support from p	t benefit/emergency aid: € ance/child benefit: € ance: € ce (own or partner's): € ce for children: €			

6. Monthly Expenses (Household)

(Proofs required, except food costs)
□ Rent incl. utilities: €
➤ Total monthly expenses: €
7. Children and Family Children? No Yes
Name & date of birth: Number of siblings: Of which in education:
Childcare facility:
Name & address:
Monthly costs (incl. heating/material contributions): €
Start of care:
8. Partner
Name:
Occupation: Monthly income: €
Address:

9. Parents

Mother:
• Name:
Occupation:
Monthly income: €
Father:
• Name:
Occupation:
Monthly income: €
10. Reason for Application
(Please describe your current financial hardship in detail)
11 Provious Support
11. Previous Support
Received support in the last 12 months (e.g., student union, Caritas etc.)? \square No \square Yes
From whom:
• Amount: €
• When:

12. Bank Details

Bank:	
IBAN:	
BIC:	
, ,	the information provided is accurate. not receive any undeclared income.
in particular, i commit that i do i	iot receive any undeclared income.
Date	Signature

Required Documents (copies only):

Incomplete applications—especially regarding financial information—will be rejected due to time constraints.

☑ Registration certificate of yourself, your partner, your child/children ☑ All pages of the study grant decision (including negative decisions) □ Confirmation of leave of absence from studies ☑ Income statements of yourself, your parents, or your partner ☑ Complete, consecutive bank statements of the last three months before application from your account(s) ☑ If available: copy of your savings book ⊠ Birth certificate of your child(ren)
 ☑ Alimony agreement, confirmation of advance maintenance payment, payment confirmation for alimony Payment confirmation of the last three months' rent □ Proofs for all income ☑ Further evidence of your hardship (e.g., medical certificates, theft report, therapy and/or treatment cost proof, confirmation of rent arrears, etc.)

Data Protection Regulations

- All personal data and documents are treated with utmost care and confidentiality.
- Within the Student Union Mozarteum, only members of the allocation committee have access to the application documents.
- Personal data and documents will never be shared with third parties.
- Personal data and documents are used exclusively to process the scholarship and calculate the respective amount.

All application documents are archived and inaccessible to unauthorized persons for a period of 7 years.

Declaration of Consent

- I confirm with my signature the accuracy of the information.
- In particular, I confirm that I do not receive any undeclared income.
- I will provide additional documents requested by the Student Union Mozarteum upon demand.
- I commit to repaying the scholarship in whole or in part if it was granted based on false information.
- I acknowledge the above data protection regulations and agree to them.
- I am aware that my application will not be processed if documents are incomplete.

I understand that there is no legal entitlement to a scholarship, and awarding a
scholarship is at the discretion of the Student Union Mozarteum allocation committee

Place, Date	Signature