

Application for students who are affected from the Ukraine war

First application

2nd Window

Month and current number:

Applicant:

Surname:

First name:

Date of birth:

Nationality:

Adress:

Gender:

Phone Number:

Spouse:

Surname:

First name:

Date of birth:

Nationality:

Residence permit status:

E-Mail:

Study information:

University:

Field of study:

Terms in field of study:

Terms at university:

Final degree:

Terms to final degree:

Financial Situation, Debts:

Current revenues (in €)

Family:

Jobs (salary):

Stipends:

Other support:

Regular expenses (in €)

Rent per month:

Hirer:

Health insurance per month:
Insurance company & policy
number:

Semester contribution
(total, including social
security, etc.)

Debts (in €)

Hirer:

Health insurance:

Bank &
credit card:

Other debts:

Explanation of the reason of financial distress:

Please explain in short: Why do you need money from the association and what plans do you have to improve your financial situation?

I commit myself to return the loan, if my financial situation improves. I confirm that my informations are complete and correct. I agree that the representative of the Student Union, ESG, CampusSegen and the Managing Committee of the Association may use any information given in this application and my accompanying documents for the decision meeting.

Date & Signature of the applicant:

Annahme

Beratungsgespräch am:

Auszahlung

Der Vorstand des Vereins bewilligt:

Quittung:

Hiermit bestätige ich den Erhalt des Schecks:

Unterschrift:

EURO

(in Worten) die per

Name in Druckbuchstaben:

AAR

HoBo

RUB

ESG

Scheck Nr:

Überweisung an

Unterschrift

KHG

Vorstand

Sonstige

Überweisung an

Datum und Unterschrift des Auszahlender

Datum & Unterschrift des Vorstands

Please fill in all light blue fields completely. Please fill in all light blue fields completely. Please fill in all light blue fields completely.

Von Antragsteller*in auszufüllen und zu unterschreiben – Applicant, please fill in and sign

Anlage zum Darlehensantrag auf Hilfe für ausländische Studierende

Name, Vorname: _____

Bitte begründen Sie Ihren Antrag im folgenden:/Please justify your application below:

Konto für Überweisung des Darlehens/Account for loan transfer:

IBAN DE |__| ____ | ____ | ____ | ____ |__

Bank _____

Ist ein weiteres Konto vorhanden? I hold another account ja/yes nein/no

Welches/which? _____ **Sperrkonto** ja/yes nein/no

Ich bestätige hiermit, dass ich alle Kontoinformationen angegeben habe und keine anderen Konten unterhalte./Herewith, I certify that the information about my financial situation is complete. I do not hold other accounts than those reported.

Ab hier freiwillige Angabe – optional statement

“Der Verein hilft Ihnen – helfen Sie dem Verein!”

*Wir sind auf Spenden angewiesen, um möglichst viele Studierende unterstützen zu können. Dabei hilft uns Ihre persönliche Aussage in einem kurzen Satz, was unsere Hilfe für Sie bedeuten wird. **Selbstverständlich ist Ihre Aussage freiwillig und wird nur unter Angabe Ihres Herkunftslandes und nur für den genannten Zweck verwendet.**/ We depend on donations to be able to support as many as possible students. To solicit donations, we use personal statements of students, we support. **Please tell us in one short sentence, what our support would mean for you. We guarantee anonymity (only your country will be given) and we will use your deliberate statement only for the said purpose.***

Signature/Unterschrift

Date/Datum

Verein Hilfe für ausländische Studierende e.V.
Amendment to the Application Form (Yellow Form) effective from 25-May-2018

Background

REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 27 April 2016 on the protection of natural persons with regard to the processing of personal data
and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection
Regulation).

Declaration of consent for applicants

I herewith agree that my personal data as they appear in the Application Form which I am submitting
be used solely for the following purposes:

- Confidential treatment of my application in the decision meeting,
- Taxation issues of the 'Verein',
- Statistical purposes.

My data will be deleted as soon as they are no longer required for said purposes. Fiscal authorities
require data to be kept in file for 10 years.

My rights

I have the right to ask the 'Verein' at any time and without giving a reason to remove my data from
all files of the 'Verein'. Retraction of my Declaration of consent may be made at any time in written
form to the 'Verein' by signed letter (Hilfe für ausländische Studierende in Bochum e.V., Postfach
250324, 44741 Bochum). I have the right to request, at any time, from the 'Verein' detailed
information as to how and where my data are stored. The 'Verein' guarantees that my data will not
be made available to others outside of the granting panel of the 'Verein', nor will my personal data or
any information I submit in this application be made public. I am aware that withdrawal or refusal of
this consent will terminate processing of my application.

Name..... Given Name(s)..... Date of Birth.....

.....

Date

.....

Signature