****

**Application for support from the Family Emergency Assistance Fund**

The attempt to combine studies and family often leads to considerable stress for many students. The University of Siegen's Emergency Family Assistance Fund is intended to help prevent students with family responsibilities from abandoning their studies when they are in temporary financial emergency situations by making a one-time payment.

1. Details of the applicant

|  |  |
| --- | --- |
| Last name, first name |  |
| Registration number |  |
| Address |  |
| Telephone number |  |
| Email |  |

2. Details of the study program

|  |  |
| --- | --- |
| Faculty |  |
| Degree program |  |
| Number of semesters of study when applying |  |

3. Information on family situation

|  |  |
| --- | --- |
| Marital status |  |
| Housing situation | [ ]  without partner[ ]  with partner |
| Children/Relative to be cared for | Child/relative to be cared for | Other child/relative | Other child/relative |
| Last name, first name |  |  |  |
| Date of birth |  |  |  |
| Attached evidence | [ ]  Copy of birth certificate[ ]  Medical certificate of need for care | [ ]  Copy of birth certificate[ ]  Medical certificate of need for care | [ ]  Copy of birth certificate[ ]  Medical certificate of need for care |

4. Information on the care situation

Child care situation (incl. scope of care, persons involved, outside care scope) or care situation (incl. responsibility, scope of care, persons involved, care by service providers):

|  |
| --- |
|  |

5. Information on financial situation

(incl. information on all income, also of the partner, all other financial support)

|  |
| --- |
|  |

6. Description of hardship and use of funding

|  |
| --- |
|  |

7. Current study situation and plans for further studies

|  |
| --- |
|  |

8. Amount of funding required

I request funding in the amount of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_€ (max. €700.00)

Note: Please be aware when stating this information the Emergency Fund aims to support as many affected persons as possible.

10. Confirmation

|  |
| --- |
| I hereby certify that all information provided is complete and true.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signature |

