



# 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 having family responsibility from dropping out of university when they are in temporary financial emergency situations by giving them a one-time payment.

1. Details of the applicant					
Last name, first nan	ne				
Date of birth					
Nationality, residen	ce				
permit if applicable					
Matriculation numb	er				
Address					
Telephone number					
E-Mail					
2. Details of the stu	idy program				
Faculty					
Degree program					
Number of semeste	rs				
when applying					
3. Information on f	amily situation				
Marital status	Marital status				
Housing situation	☐ in own flat	n own flat			
	☐ without partner				
	☐ with partner				
	☐ with parents				
☐ in shared flat/student residence					
Children/	Child/	Another child/	Another child		
Relative to be	relative to be cared for	other relative	7 moener enma		
cared for					
Last name, first					
name					
Date of birth					
Attached	☐ Copy of birth certificate	☐ Copy of birth certificate	☐ Copy of birth certificate		
evidence	☐ maternity passport resp.	☐ maternity passport resp.	☐ maternity passport resp.		
	certificate of pregnancy	certificate of pregnancy	certificate of pregnancy		
	☐ Medical certificate of	☐ Medical certificate of	, , ,		
	need for care	need for care			









## 4. Information on the care situation

responsibility, scope of care, persons involved, care by service providers):		
☐ Care within the family/partnership		
☐ Single parent or sole carer		
☐ with (family) support		
☐ without (family) support		
☐ External care or care provided by a service provider, withh hourly rate		
☐ Additional information/other:		

## 5. Information on financial situation

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

Income	Amount of income	Expenses	Amount of
			expenses
☐ Net income of all		☐ Rent/deduction	
members of the household			
□ BAföG		☐ Incidental costs	
☐ BAföG Childcare		☐ Insurance	
supplement			
☐ Second job		☐ Care costs	
☐ Alimony		☐ Other living expenses (food,	
		drugstore supplies, pharmacy,	
		clothing, etc.) for the whole	
		family	
☐ Rentals		☐ Semester fee	
☐ Support from relatives		☐ Other	
☐ Child benefit			
☐ Child subsidy			
☐ Maternity allowance			
☐ Parental allowance			
☐ Scholarships			
☐ Blocked account			
☐ Citizen`s benefit			
☐ Housing allowance			
☐ Other			









6. Description of hardship and use of funding		
7. Current study situation and plans for further studies		
Study details:  I will continue my studies in the next semester.  I am currently on a semester off.  I expect to complete my degree programme within the standard period of study.  Other		
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.		
9. Data protection declaration for the Family Emergency Fund application		
In accordance with Article 13 of the EU General Data Protection Regulation (GDPR), we hereby inform you about the processing of your personal data in connection with the application. In addition to the following description, the general data protection declaration for the website of the University of Siegen applies.  1. Name and contact details of the application service provider at the university Family Service Office Equal Opportunities Office of the University of Siegen E-Mail: familienservice.gleichstellung@uni-siegen.de Phone: 0271 – 740 2702 Universität Siegen Adolf-Reichwein-Str. 2		









#### 2. Personal data processed / categories of personal data processed

The following data will be collected with the application and processed for the purposes and on the legal basis indicated in point 3:

a)	Surname	m) Surname of the child/
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relative to be cared for

b) First name n) First name of the child/

relative to be cared for

c) Registration number o) Date of birth of the child/

relative to be cared for

d) Adress p) proof: birth

certificate/mother's

passport/medical certificate of

need for care

e) Telephone number q) Details of care situation

(child)

f) E-Mail-Adress r) Details of care situation

(relative to be cared for)

g) Faculty s) Information on income and

expenses

h) Degree programme t) Information on emergency

situation and use of emergency

fund

i) Number of semesters at

u) Information on study situation and planning

the time of application j) Marital status

v) Information on the amount of

financial

k) Housing situation

#### 3. Purpose of data processing

We process your data on the basis of your application for the Family Emergency Assistance Fund and the evaluation of the Family Emergency Assistance Fund

#### 4. Legal Basis

The collection of application data is based on your consent in accordance with Art. 6 par. 1 lit. b GDPR. This means that we process your data for the fulfilment of a contract. However, we need your consent for evaluation purposes. Here Art. 6 para. 1 lit. a GDPR is the legal basis.

#### 5. Recipients of your personal data

Your personal data processed by the University of Siegen within the framework of your application for the Family Emergency Fund will not be passed on to third parties, with the exception of the data processing described below.

#### 6. Retention period of your personal data

Your data, which we collect as part of your application for the Family Emergency Fund and for the purpose of the associated evaluation, will be deleted after 5 years.

### 7. Data subjects' rights under the GDPR

As a data subject, you can exercise your rights under the GDPR at any time. These rights are described in the general privacy policy of the website. However, please note that your rights as a data subject may be limited depending on the legal basis.

#### 8. consent to the processing of personal data

I agree to be contacted by the Family Service Office for evaluation purposes. My contact details will be kept for 5 years for this purpose.









	□ yes	□ no			
Date			Signature		
10. Confirmation					
I hereby	certify that all	information provided is	complete and true.		
Date			Signature		



