

Application for special assistance for financial hardship provided by the Authored Student Body at KIT

Claim of bias

Is there a cause for suspected bias?

(Please tick.)

- No**
- Yes, in the case of**

Members of the awarding commission:

Chair Person

- David Braun (Materialwissenschaft und Werkstofftechnik)

Vice Chair Person

- Jana Fanck (Wirtschaftsingenieurwesen)

Members

- Xenia Hartmann (Informatik)
- Nicolas Salbach (Bauingenieurwesen)

Alternates:

Standby Members

- Sascha Gruber (Physik)
- Adrian Keller (Informatik)

Explanatory statement of bias following §4 (optional but recommended)

(Relatedness, relationships by marriage, both up to third degree, as well as civil partnerships and Acquaintanceships of the applicant with members of the awarding commission)

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Applicant

Surname, First Name (all printed letters, please)

Street Name and House Number

Postal Code Place of Residence

Date of Birth, Place of Birth

E-Mail (important for further questions!) Mobile Phone (optional)

Field of Study

Are you a member of the authored student body at Karlsruhe Institute of Technology? (Are you an enrolled student at KIT?)

- Yes
- No

Have you received a special assistance grant for financial hardship within the last 18 months?

- Yes
- No

Is this a request for an extension?

- Yes
- No

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Confirmation:

I have taken note of and understood the regulations regarding the special assistance grant for financial hardship as published on the 14th of September 2019 (asta-kit.de/de/studierendenschaft/satzungen/notlagenzuschussvergabeordnung).

I confirm that the data given in my application is true, complete and accurate and that in the short-term I am unable to fall back on any savings, people obliged to pay for my subsistence or any other sources of income. I obtain no financial support from other parties except those I indicated.

I authorize the authored student body to pass on my application data to other supporting bodies, especially to the Studierendenwerk Karlsruhe, in order to check and exclude any possible double support. I am aware that I can revoke this consent at any time.

Should the financial support be granted, I will commit myself to inform the grants commission per e-mail to Notlagenhilfe@asta-kit.de promptly of any changes in my circumstances which affect the granting of my financial support. In case I should be granted financial support, I pledge to use the grant for the specified purposes only.

I acknowledge the fact that the granting of the financial support will be immediately withdrawn, if I have not complied with my duty to supply information about any changes in my circumstances, about further financial support unknown to the authored student body, or if the authored student body upon verification should discover that the preconditions for the scholarship no longer persist.

A retroactive cancellation of the grant is possible, particularly in the event of double support, furthermore in cases where grants have been approved based on false statements by the applicant. In such cases, the authored student body reserves the right to reclaim the money already paid.

Should the academic program be interrupted or discontinued, the approval will be revoked at the end of the month in which the student interrupted or discontinued his course of studies. The approval will also be revoked in cases where the financial support has been used as a basic financing of studies.

Within 4 months subsequent to the grant approval, I will report back to the granting commission, in written form, regarding the effectiveness of the financial assistance.

Place, Date and Signature of Applicant

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Enclosures (all necessary)

- Income and expenses:

Table of expected income and expenses for the following two months

(please fill in this table and include evidence)

Month 1			
Income		Expenses	
Parents/family	€	Rent	€
Part-time job	€	Food	€
BAföG	€	Transportation	€
Student loan	€	Health insurance	€
Scholarships	€	Leisure	€
Sozialfonds	€	Clothing	€
Other:		Mobile phone/Internet	€
	€	Learning material	€
	€	Other: (semester fees, prescription drugs,...)	
	€		€
	€		€
Total	€	Total	€

Month 2			
Income		Expenses	
Parents/family	€	Rent	€
Part-time job	€	Food	€
BAföG	€	Transportation	€
Student loan	€	Health insurance	€
Scholarships	€	Leisure	€
Sozialfonds	€	Clothing	€
Other:		Mobile phone/Internet	€
	€	Learning material	€
	€	Other: (semester fees, prescription drugs,...)	
	€		€
	€		€
Total	€	Total	€

Favoured total funding: _____ € (to be justified in the description of your case.)

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- Overview of debt:

Table of preexisting debt

(please fill in this table and include evidence)

Debtee (health insurance provider, friends,...)	Amount	Due date	Consequences of non-payment
	€		
	€		
	€		
	€		
Total			€

- Copies of statements from bank and credit card accounts (especially fees for accommodation, subsistence allowances, ancillary income/casual earnings), savings accounts, PayPal accounts, building loan contracts and other financial investments from the three months prior to application. Expenses may be partially blackened out, incomes not. In the case of a request for extension, supporting documents added since the first application are sufficient.
- Description of your case with special consideration to how you got into the situation, how it affects your studies and ideas of a long-term way out of your financial hardship (minimum 1 page; typewritten). In the case of a request for extension, the circumstances leading to a need for extension through no fault of the applicant's own are to be explained and a plan for further financing of the studies is to be attached.
- Current certificate of enrollment
- Attestation of health insurance
- Application form completed and signed(!)

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Submitting the application:

Please submit all documents in the original order in single copies, not stapled and without a folder in an envelope of DIN A4 size.

The envelope should be addressed to:

***Notlagenhilfe
AStA am KIT
Adenauerring 7
76131 Karlsruhe***

In case of submission in person through the post box of the grants commission in the AStA container, no sender must be specified on the envelope.

The envelope can also be submitted in person during the office hours of the AStA department of social affairs.

In case of questions:

Just write an e-mail to: Notlagenhilfe@asta-kit.de

The AStA department of social affairs also provides advice for completing your application during its office hours. The AStA department of social affairs is not directly involved in the decision of granting an application.

Office hours of the AStA department of social affairs:

<https://www.asta-kit.de/de/angebote/beratung/sozialberatung>

Note: Payment arrangements will be discussed during the sitting.