

## 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 according to §4 of the Notlagenzuschussvergabeordnung?

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

(Please tick.)

No

Yes, in the case of

#### Members of the awarding commission:

- Ihab Awad (Maschinenbau)
- Jana Fanck (Wirtschaftsingenieurwesen)
- Paul Reichert (Mathematik)
- Noah Lettner (Maschinenbau)

#### Alternates:

##### Standby Members

- Adrian Keller (Informatik)
- An Tang (Biologie)

##### AStA Department of Social Affairs

- Daniel Hunyar (Elektrotechnik und Informationstechnik)

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### Applicant

Surname, First Name

Street Name and House Number

Postal Code and 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 (provided by the Student Body) within the last 18 months?

- Yes  
 No

Is this a request for an extension?

- Yes  
 No

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

### **Confirmation**

I have taken note of and understood the regulations regarding the special assistance grant for financial hardship as published on the 14<sup>th</sup> of September 2019 ([asta-kit.de/de/studierendenschaft/satzungen/notlagenzuschussvergabeordnung](http://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](mailto: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.

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**Place, Date and Signature of Applicant**

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### Financial Situation

#### Table of expected income and expenses for the following two months

(Please fill in this table and include evidence.)

Month 1: . . . 2020 - . . . 2020			
Income		Expenses	
Parents/family	€	Rent	€
Part-time job	€	Food	€
BAföG	€	Transportation	€
Student loan	€	Health insurance	€
Scholarships	€	Leisure	€
Sozialfond	€	Clothing	€
Other:		Mobile phone/Internet	€
	€	Learning material	€
	€	Other: (semester fees, prescription drugs,...)	
	€		€
	€		€
<b>Total</b>	<b>€</b>	<b>Total</b>	<b>€</b>

Month 2: . . . 2021 - . . . 2021			
Income		Expenses	
Parents/family	€	Rent	€
Part-time job	€	Food	€
BAföG	€	Transportation	€
Student loan	€	Health insurance	€
Scholarships	€	Leisure	€
Sozialfond	€	Clothing	€
Other:		Mobile phone/Internet	€
	€	Learning material	€
	€	Other: (semester fees, prescription drugs,...)	
	€		€
	€		€
<b>Total</b>	<b>€</b>	<b>Total</b>	<b>€</b>

**Favoured total funding:**  €

(Following from the tables. To be justified in the description of your case.)

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### Table of preexisting debt

(Please fill in this table and include evidence.)

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

### Other Possibilities for Assistance

With the following questions we check for your eligibility for financial assistance from other institutions. In case we do refer you to another institution, this application is on hold. Should you be rejected by the other institution, this application will be resumed.

Have you ever applied for the interim financial fund of the BMBF?

- Yes
  - Approved.  
Covered Period:
  - Rejected. Reason:

No. Reason:

Are you in the last year of studies of your currently pursued degree?

- Yes
  - Is your thesis already applied for?
    - Yes
    - No
- No

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Questions for **international** students:

Is your grade average 2,5 or better?

- Yes
- No

Questions for **German** students:

Have you ever applied for BAföG?

- Yes
  - Approved.  
Amount: \_\_\_\_\_ Covered Period: \_\_\_\_\_
  - Rejected.  
Reason: \_\_\_\_\_
- No.  
Reason: \_\_\_\_\_

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

### **Checklist Enclosures** (all required)

#### **Bank Statements:**

Copies of statements from bank and credit card accounts (especially fees for accommodation, subsistence allowances, ancillary income/casual earnings) from the three months prior to application. Expenses may be partially blackened out, incomes may not. In the case of a request for extension, supporting documents added since the first application are sufficient.

This includes:

- Bank statements
- Credit card statements
- PayPal accounts
- Savings books
- housing-savings
- All other funds, stocks of wealth and assets on accounts.

#### **Description of Your Case:**

Minimum one page, preferably handwritten. 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.

The description of your case should answer the following questions:

- How have you gotten into your current situation of financial hardship? In what way has it arrived unexpectedly?
- What is the impact of your financial hardship on your studies?
- What are your long-term plans to get out of your financial hardship (preferably up to reaching your degree)?
- From which other sources have you received funds so far (relief funds, friends, family...?) and which other opportunities are there for you to get financial assistance?

#### **Current Certificate of Enrollment**

#### **Attestation of Health Insurance**

#### **Application Form completely filled in and signed (!)**

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

### **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](mailto: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.