



Application for Hardship Payment provided by Verfasste Studierendenschaft der Pädagogischen Hochschule

Applicant

Surname, first name (all PRINTED LETTERS, please)

Full address: street name, house number

Postal code, place of residence

Date and place of birth

E-Mail (very important for further questions!), telephone number

Fields of study

Confirmation:

I took notice of and understood the regulations regarding the hardship payment as amended on 26th May 2020.

I confirm that the data given in my application is true, complete and accurate and that in the short-term I cannot 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 Verfasste Studierendenschaft to pass on my application data to other supporting bodies, especially to the Studierendenwerk Heidelberg, in order to check and exclude any possible double support. I am aware that I can revoke this consent at any time.

Should the scholarship be granted, I will commit myself to inform the committee granting hardship payments per e-mail haertefallkommission@ph-heidelberg.net promptly of all alterations of my circumstances which affect the granting of my scholarship. In case I should be granted a scholarship, I pledge to use the grant for purposes relating to my University studies only.



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I took notice of the fact that the granting of the scholarship will be immediately cancelled, if I have not complied with my duty to supply information about any changes in my circumstances, about further financial support unknown to the Verfasste Studierendenschaft, or if the Verfasste Studierendenschaft upon verification should find out that the preconditions for the scholarship do no longer persist.

Particularly in the event of double support, a retroactive cancellation of the grant is possible, further in those cases that are based on false statements of the scholar. In such cases, the Verfasste Studierendenschaft reserves the right to reclaim the money already paid.

Should the academic programme be interrupted or discontinued, the approval will be revoked as per the end of the month in which the student interrupted or discontinued his course of studies. The approval will especially be revoked in the case that the hardship payment has been granted as a basic financing of studies.

Place, date and signature of applicant

To be filled in by the committee:

Date of receipt of application: _____

Date of processing in meeting of committee: _____.

The application will be _____ ; amount: _____
for months: _____.

The decision will be communicated to the applicant by the letter
dated _____ .

Conditions or other remarks: _____

Unterschrift Protokollant*in Unterschrift

Bearbeiter*in schriftliche Zu-/ Absage



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Data acquisition for potential financial accounting:
(please write as clearly as possible)

SURNAME, FIRST NAME of the account holder (all printed letters, please)

Bank name

BIC: _ _ _ _ _

IBAN: _ _ _ _ _

With my signature, I confirm the accuracy of the above stated information and accept the processing and use of my personal data for accounting purposes in the case of a granted hardship payment.

Place, date and signature of applicant



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Enclosures (everything is necessary):

Income and expenses:

- Tabular information and evidence about income and (expected) expenses

Table of incomes and expenses per month (please fill out this table)

| Incomes | [in €] | Expenses | [in €] |
|-----------------|--------|------------------------|--------|
| Parents/ family | | Rent | |
| Side job | | Food | |
| BAföG | | Transportation | |
| Student loan | | Health insurance | |
| Other | | Free time | |
| | | Clothing | |
| | | Mobile phone/ Internet | |
| | | Learning material | |
| | | Semester fee (share) | |
| | | Other | |
| | | | |

- **Copies of statements of the last three months of bank accounts** (especially fees for accommodation, subsistence allowances, ancillary income/casual earnings), savings accounts, building loan contracts and other financial investments. Expenses may be partially blacked, incomes not.
- **Description of your case** with special consideration of the history, how you got into this situation, how this effects your studies and ideas of a long-range plan of the way out of your financial emergency (**minimum 1 page**; typewritten)
- **Current certificate of enrolment**
- **Evidence of health insurance**
- **Application form completed and signed (!)**
- for applications of §1 Abs. 2 (“refugees”): official evidence of the resident status / application for asylum



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Procedure – how to submit the application:

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

The envelope should be addressed to:

**Härtefallkommission
Studierendenvertretung,
Keplerstraße 87, 69120 Heidelberg**

Please do not indicate the name of the sender on the envelope.
It may be put into the mail shelf or sent by ordinary mail.

In case of questions:

Simply write an e-mail to: haertefallkommission@ph-heidelberg.net