

## Application for Scholarship

### Personal Data

Title: Ms  Mr

Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street: \_\_\_\_\_

ZIP code, City: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Bank Account: \_\_\_\_\_

### Studies

University: \_\_\_\_\_

Department: \_\_\_\_\_

Professor: \_\_\_\_\_

Degree pursued: \_\_\_\_\_

Number of Semesters: \_\_\_\_\_ Diplom  Bachelor  Master   
(as in transcript of records)

### Type of Scholarship

(please tick)

New Application  Extension

### My application contains the following documents (please tick)

Completed Application Form	<input type="checkbox"/>
Information on Current Course of Studies	<input type="checkbox"/>
Curriculum Vitae	<input type="checkbox"/>
Transcript of Records (Copy)	<input type="checkbox"/>
Diploma (s)	<input type="checkbox"/>
Letter of Reference / Recommendation by Professor	<input type="checkbox"/>
Internship (s)	<input type="checkbox"/>
Documents showing Financial Need (BaföG-Grant, Parents' Tax Assessment etc.)	<input type="checkbox"/>
Documents Showing Social Commitment	<input type="checkbox"/>
Other Financial Support Received	<input type="checkbox"/>
Misc.	<input type="checkbox"/>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Application for Scholarship

Applicant's name and first name: \_\_\_\_\_

I agree that personal data concerning my scholarship will be exchanged among the administrating institutions (University, Stifterverband für die Deutsche Wissenschaft, financial institution).

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Decision**
- Highly Eligible for Funding
  - Eligible for Funding
  - Not Eligible

**Reasons:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_