

## Application for a study grant

### A. Personal data

First and last name:

\_\_\_\_\_

First and last name of parents:

\_\_\_\_\_

Date and place of birth:

\_\_\_\_\_

Profession of parents:

\_\_\_\_\_

Nationality:

\_\_\_\_\_

Number and age of siblings:  
(excluding married siblings living away from home)

\_\_\_\_\_

Address, telephone, mobile, e-mail:

\_\_\_\_\_

\_\_\_\_\_

Of which

• in an apprenticeship/studying: \_\_\_\_\_

Marital status:

unmarried/single

• working: \_\_\_\_\_

married/civilunion

### B. Education

Qualifications to date:

<input type="checkbox"/> European baccalaureate	Grade _____	<input type="checkbox"/> Completed education	Grade _____
<input type="checkbox"/> Bachelor´s Degree	Grade _____	<input type="checkbox"/> PhD	Grade _____
<input type="checkbox"/> Master´s Degree	Grade _____	<input type="checkbox"/> Others	Grade _____

### C. Study plans

Course of studies:

\_\_\_\_\_

Start of current studies (month/year):

\_\_\_\_\_

Aspired Degree:

Bachelor´s       Master´s  
 PhD               others: \_\_\_\_\_

End of current studies (month/year):

\_\_\_\_\_

University and place of study:

\_\_\_\_\_

Desired grant period:

\_\_\_\_\_

### D. Account details

Bank, Name and address:

\_\_\_\_\_

Account No.:

\_\_\_\_\_

Bank Code:

\_\_\_\_\_

IBAN:

\_\_\_\_\_

BIC Code:

\_\_\_\_\_

### E. Please indicate how you heard about this scholarship

\_\_\_\_\_

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### F. Financial circumstances of applicant

	Monthly (in €)	Comment
Regular own income:	_____	_____
Savings balance and other financial assets:	+ _____	_____
Third-party funds (state, local government, private, financial grants):	+ _____	_____
Monthly support from parents or similar income:	+ _____	_____
Other earnings:	+ _____	_____
<b>Total income:</b>	= _____	

### G. Financial plan for intended course of study

	Monthly (in €)	Comment
Rent (including ancillary costs):	_____	_____
Cost of living:	+ _____	_____
Books and other course-related costs:	+ _____	_____
Travel costs:	+ _____	_____
Insurances:	+ _____	_____
Tuition fee:	+ _____	_____
<b>Total costs:</b>	= _____	

**Funding gap:** = \_\_\_\_\_

Application to other funding institutions

\_\_\_\_\_

How will you close the funding gap?

\_\_\_\_\_

I declare that the information provided on this form is true and complete to the best of my knowledge and belief.

Place, date

Signature

### Further inquiries:

Telephone: +49 211 797 - 7728

E-mail: dr-jost-henkel.stiftung@henkel.com