

## Application for emergency assistance Seezeit Studierendenwerk Bodensee (page 1 / 2)

Please note: To submit your application you need to make an appointment with the Social Counselling Service via E-Mail to <a href="mailto:sozialberatung@seezeit.com">sozialberatung@seezeit.com</a>

1. Personal data								
Name			First name E-Ma				E-Mail	
Street			House number	Postal code		City		
Date of birth		Nationality				Number of c	hildren	Health impairment No Yes
2. Study information Please note: Attach		nent certific	ate to the appli	cation!				
University			Enrollment number				Semester	
Subject			Type of degree				Year of graduat	ion
Last semester of grad	duation No	Yes						
3. Information about Please note: Attach			or the relevant	bank statemer	nts as su	ipporting do	cuments!	
Alimony / parents	Euro		Own Job	Euro			Scholarshiip	Euro
Pensions / Allowance	Euro		BAföG	Euro			Child support	Euro
Housing benefit	Euro		Loan	Euro			Other	Euro
Description of other incom	ne							
4. Information abour Please note: Attach			ts as supportinເ	g documents!				Euro
Rent and utilities			Insurance			Liv	ng expenses	
Childcare	Euro		Other	Euro				
Description of other exper	nses							
5. Information about Please note: Attach							application!	
Current account balance-	- account 1	Current acco	ount balance- account	t 2 Cur	rent accou	nt balance- acco	unt 3	Current account balance- account 4
Bank details of your t	ransfer account fo	r payment c	of emergency sup	oport:				
Account holder			IBAN					Bank/BIC



## Application for emergency assistance Seezeit Studierendenwerk Bodensee (Seite 2 / 2)

<ul> <li>Application of support</li> <li>Description of hardship with cause/backgrounds at</li> </ul>	nd current study status (attach extra sheet if neces	ssary):
Description		
Month/year of application	Amount of application (max. 300 € / month)	Duration (max. 3 months)
Use		
Other applications submitted Where and what kin No Yes, at:	od	
aware that there is no legal entitlement to emergenemergency assistance and Seezeit Studierendenwaseezeit.com/privacypolicy	Counselling Service on the extent to which the supplicy assistance. I assure that the information I have o	port was helpful for the progress of my studies. I am given is correct. I have received the guidelines of the
Filled out by the person processing the app  Decision and declaration of confidentiality r		
Approval Refusa  Amount  Date Signature		