

Information for the application for a federal state doctoral studies grant

I. Personal information

Please print out the filled-in form, sign it and attach it to your application

Personal information

Surname: _____ First name: _____
Date of birth: _____ Place of birth: _____
Postcode/Town: _____ Street: _____
Telephone: _____ Gender: _____
Citizenship: _____ E-Mail: _____

Information about your studies

University/ Institution of higher education: _____
Degree: _____
Subject: _____
Duration of studies from _____ to _____
Date of graduation: _____ Final grade: _____

Current employment (if applicable)

Current employment as: _____
at: _____
since: _____ until appr.: _____

Information about your bank account

IBAN: _____ BIC: _____
Name of bank: _____

Information about your doctoral project

Preliminary topic of dissertation: _____

1st reference: by Ms./Mr. Prof./PD Dr. _____

2nd reference: by Ms./Mr. Prof./PD Dr. _____

II. Supplementary information concerning the eligibility of the applicant for a federal state doctoral studies grant(Stipendiumsverordnung - StpVO)

- I have understood the formal regulations of the federal state of Schleswig-Holstein concerning the financial support of research and arts projects (StpVO).

Proof of financial hardship:

- I am applying for a federal state grant to cover my living expenses. I have no other means to finance myself. Since I do not have and will not receive an income according to the Income Tax Act I hereby declare my financial hardship.
- I am receiving an income according to the Income Tax Act and have attached my tax assessment notice from last year or a statement about my income (issued by my employer) respectively.
- I am married or living in a registered partnership. I have attached my partner's tax assessment notice from last year or a statement about his or her income (issued by her or his employer) respectively.
- I am supporting one or more children according to § 5 Abs. 2 StpVO.

Fulfillment of conditions for financial support (according to § 4 StpVO)

I hereby confirm that

- I do not receive and have not received any financial support from public institutions or from publicly funded institutions for my doctoral project.
- I have submitted further applications for financial support for my doctoral project. I declare that I will notify the Dean's office in charge and the Graduate Center at once about any decisions concerning those applications.
- I do not receive and have not received financial support for any other doctoral project.
- I am currently not participating in a professional or vocational training or have interrupted such a professional or vocational training for the express purpose and duration of preparing my doctoral project.
- I am currently not employed for more than four hours a week in general or for more than six hours a week in teaching and research.
- if I receive a federal state doctoral studies grant I will either reduce or give up any employment of more than four hours a week in general or of more than six hours a week in teaching and research. I will submit the respective proof in writing as soon as possible.

I confirm that the supplementary information I have supplied is correct and complete. I will notify the Dean's office in charge and the Graduate Center of any changes or modifications during the application process at once.

Place/Date _____

Applicant's signature _____