

APPLICATION FOR IMMEDIATE ASSISTANCE FROM THE STATE OF SCHLESWIG-HOLSTEIN TO SUPPORT UKRAINIAN STUDENTS

PLEASE COMPLETE THE FORM IN CAPITAL LETTERS

I hereby apply for emergency aid from the state of Schleswig-Holstein to secure the livelihood of Ukrainian students. The cause and justification for my financial distress are set out in the individual description of my personal situation.

1. Personal details

Given name: _____

Surname: _____

Date of birth: _____

Place of birth: _____

Nationality: _____

ID card/Passport number: _____

Street: _____

House no.: _____

ZIP Code: _____

Place: _____

E-Mail: _____

Bank details

IBAN (22 figures):

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BIC: _____

Institution (Bank): _____

holder: _____

2. Details on study

University: _____

Subject: _____

Month of graduation (planned): _____

3. Information on the financial situation / income (expected income for the months for which you are applying for emergency aid - please enclose the relevant receipts)

Salary/Income: _____ € - monthly

Maintenance: _____ € - monthly
(paid by parents, ex-partner etc., NOT child support)

Services paid by public entities: _____ € - monthly
(e.g. benefits for housing, social security benefits, student grant)

4. Information on the financial situation / expenses (also expected expenses for the months for which you are applying for emergency aid - please attach the relevant receipts!)

I pay a monthly rent. yes no

Sick and care insurance: _____ € - monthly

Extraordinary burdens¹⁾: _____ € - monthly (e.g. Medicine for chronic diseases)

5. Period of time

I am applying for emergency subsistence aid for

one month two month three month.

6. Data protection

Notes on data protection

By submitting the application, you declare your consent to your personal data being collected as part of the application and approval process by the Studentenwerk Schleswig-Holstein, Psychosozialeberatung, Familie, Internationales, Westring 375, 24118 Kiel in accordance with Article 6 (1) a DSGVO and may be processed. Your data will only be processed by us for this application procedure, further data processing will not take place. A transfer to third parties only takes place within the framework of order processing if this is necessary for processing the purpose of use or if we are legally obliged to do so. The data is stored in accordance with the statutory retention periods and then destroyed.

You can revoke this declaration of consent in whole or in part at any time with effect for the future. Data collection and transmissions that took place up to the time of the effective revocation remain unaffected, as does processing to which we are legally obliged. You have the right to receive information about the data stored about you, its origin and the purpose of storage at any time; to withdraw your consent to the processing and use; request a transfer of your data from us to another entity; To have your data corrected, blocked or deleted or to complain to a supervisory authority or a competent body if you have reason to complain. The complaints office for data protection issues is the State Commissioner for Data Protection, Holstenstraße 98, 24103 Kiel, www.datenschutzzentrum.de.

If you would like to make use of your rights as a data subject, please write to our data protection department, Westring 385, 24118 Kiel, Tel. 0431 8816420, email: Datenschutz@studentenwerk.sh

7. Final statements

I assure that the information I have given is correct and complete and that I need immediate help to secure my livelihood. I am aware that there is no legal entitlement to the granting of emergency aid to secure a livelihood.

Place, Date

Signature

