

Application for funding from the Mental Health Grant of the ÖH Graz

Name: _____ Student ID number _____

Check-List:

- ☐ Completed application form
- ☐ transcript of studies for the current semester
- ☐ Copy of student ID card
- ☐ Proof of academic achievement for the last 2 semesters (not required in the first two semesters of your studies)
- ☐ Proof of income of the applicant (including social benefits and support from family and friends) and, if applicable, proof of income of partner and/or parents/children/siblings living in the same household (including social benefits and support from family and friends)
- ☐ Invoices and other proof for expenses exceeding EUR 200.00; in particular
- ☐ Continuous bank statements of the last six months (for the applicant and for all persons living in the same household)
- ☐ Registration certificate ("Meldezettel") of the applicant and, if applicable, of all persons living in the same household, including an indication of the type of relationship to these persons. Supporting documents must be attached (for married couples: marriage certificate; for other couples: jointly signed declaration of the relationship; for parents and children: birth certificate)
- ☐ For third-country nationals: a copy of the valid residence permit
- ☐ Social insurance data record as proof of employment. If such proof cannot be issued, a written confirmation from the social insurance agency (e.g. by e-mail) that the data record cannot be provided is sufficient.
- ☐ Rental contract of the applicant (if available)
- ☐ Proof of existing savings (e.g. savings account, securities account, home savings contract)

IMPORTANT: Incomplete information or missing documents will result in the rejection of the application!

All pages of the form must be completed in full.

Application Form

Personal Information:

First Name _____ Last Name _____

E-Mail (Uni): _____

Phone Number _____

Address _____ Postcode & city: _____

Nationality _____

Place of Birth _____ Date of Birth _____

Marital Status _____

Gender ☐ female ☐ male ☐ non-binary ☐ diverse

Do you have children ☐ yes ☐ no

If yes, how many? _____ And how old are they _____

Field of study _____

In which semester are you? _____

Have you already received support from the Social Fund before? ☐ yes ☐ no

If yes, when? _____

Did you receive money from the Social Funds of the ÖH Federal Representation in the last semester? ☐ yes ☐ no

If yes, how much? _____

Are you currently receiving any other financial support from the ÖH? ☐ yes ☐ no

If yes, which one? _____

Do you have savings in your account or other assets?

☐ no ☐ yes, amount _____

Type of psychotherapy to be subsidised:

☐ psychotherapist under supervision

☐ Individual therapy

☐ fully qualified psychotherapist

☐ Group therapy

Information about your monthly income

What income do you live on?

Describe your financial situation truthfully!

To prove social need, the student must clearly indicate in the application:

- the total income of the last 6 months and
- the sum of all monthly expenses.

All amounts exceeding EUR 200.00 must be documented by a bank statement or invoices or other supporting documents.

If you receive money in cash from your parents (or from someone else), a written and signed declaration from your parents (or that other person) is required.

Who lives with you in one household?

☐ alone
 ☐ in a shared flat
 ☐ with Partner
 ☐ with siblings
 ☐ with parents

If you live in a shared household with other persons, please fill in:

Names of the persons living in the same household	Address	Monthly income in EUR

Monthly overview of income and expenses for: _____
(please state the month)

Income	Amount in €
Employment	
Study grant	
Social benefits	
financial support (from parents, grandparents, etc.)	
Other: _____	
Total income	€

Expenses	Amount in €
Housing	
Phone bill, internet, broadcasting fees (ORF fees)	
Insurance	
Study costs + study materials (ÖH fee, books, materials, etc.)	
Food and drugstore items	
Other living costs (clothing, etc.)	
Restaurants, cafés	
Transport costs	
Medical costs and pharmacy	
Other: _____	

Total expenses	€

Monthly overview of income and expenses for: _____
(please state the month)

Income	Amount in €
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Study grant	
Social benefits	
financial support (from parents, grandparents, etc.)	
Other: _____	
Total income	€

Expenses	Amount in €
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Food and drugstore items	
Other living costs (clothing, etc.)	
Restaurants, cafés	
Transport costs	
Medical costs and pharmacy	
Other: _____	

Total expenses	€

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Other living costs (clothing, etc.)	
Restaurants, cafés	
Transport costs	
Medical costs and pharmacy	
Other: _____	

Total expenses	€

Bank details

IBAN: _____

BIC: _____

Account holder _____

The applicant is responsible for ensuring that the application is completed fully and correctly and that all details provided can be verified by appropriate documents.

The ÖH University of Graz assumes no liability for transmission errors or any other mistakes when the application is submitted; any liability is excluded.

No legal claim to benefits from the Department for Social Affairs ("Referat für Soziales") of the ÖH University of Graz may be derived from submitting this application.

By signing, I confirm that all information I have provided is true and correct and that I have read, understood and taken note of the above information.

Place and date:

Signature