

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

lar	ne: Student ID number
Ch	neck-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)
	PORTANT: Incomplete information or missing documents will result in the jection of the application!

All pages of the form must be completed in full.



## **Application Form**

### **Personal Information:**

First Name	Last Name		
E-Mail (Uni):			
	Postcode & city:		
Nationality			
Place of Birth	Date of Birth		
Marital Status			
Gender ☐ female ☐ male			
Do you have children ☐ yes☐ no			
If yes, how many?	And how old are they		
Field of study			
Have you already received support from t			
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:

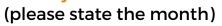
- the total income of the last 6 months and
- the sum of all monthly expenses.

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 nousehold?				
alone	□ in a share flat	d 🔲 with Partner	☐ with siblings	☐ with parents
If you live	in a shared	household wit	h other persons, ple	ease fill in:

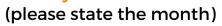
Names of the persons living in the same household	Address	Monthly income in EUR





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

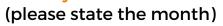
Expenses	Amount in €
Housing	
Phone bill, internet, broadcasting fees (ORF fees)	
Insurance	
Study costs + study materials (ÖH fee, books, materials, etc.)	
Food and drugstore items	
Other living costs (clothing, etc.)	
Restaurants, cafés	
Transport costs	
Medical costs and pharmacy	
Other:	
Total expenses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





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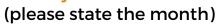
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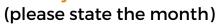
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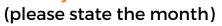
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Other:	
Total expenses	€



### **Bank details**

IBAN:	
DIC	
• •	ng that the application is completed fully rovided can be verified by appropriate
The ÖH University of Graz assumes nother mistakes when the application is	o liability for transmission errors or any submitted; any liability is excluded.
	epartment for Social Affairs ("Referat für z may be derived from submitting this
By signing, I confirm that all information and that I have read, understood and t	tion I have provided is true and correct aken note of the above information.
Place and date:	 Signature