

Application for the Language Grant of the ÖH University of Graz

Name: _____ Student ID Number: _____

Check-List:

- ☐ Completed and signed **application form**
 - ☐ **Confirmation of enrollment** for the current semester
 - ☐ **Transcript of records** for the last two semesters
 - ☐ **Proof of successful completion** of the language course (confirmation from Treffpunkt Sprachen)
as well as **either**
 - ☐ **Proof of income** of the applicant (including social benefits and financial support from family and friends) and if applicable, proof of income of partner, parents, children, or sibling living in the same household (including social benefits and support from family and friends)
 - ☐ **Continuous bank statements of the last six months** (for the applicant and/ or all persons living in the same household)
 - ☐ **Social insurance record** to prove employment. If not available, a written confirmation from the insurance office (e.g., by e-mail) stating that such a record cannot be issued is sufficient.
 - ☐ Proof of **existing savings** (e.g., savings account, securities account, building savings contract)
 - ☐ **Form** regarding monthly income and expenses (available on the website of the Social Affairs Office)
- or**
- ☐ a **valid proof of receipt** of a benefit that is recognized as evidence of social need:
 - exemption from the ORF contribution (ORF contribution exemption),
 - exemption from prescription fees,
 - housing allowance (Wohnbeihilfe) from the federal state or municipality,
 - study grant (Studienbeihilfe) in accordance with the Student Support Act (Studienförderungsgesetz), or
 - financial support from the Social Fund of the ÖH University of Graz

Please note: All pages of the form must be filled out.

Application Form

Personal Information:

First name: _____ Last name: _____

E-Mail (Uni): _____

Phone number: _____

Street: _____ Postal code & 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 what age? _____

Field of study: _____

Current semester: _____

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

If yes, which one? _____

How do you prove your social need?

☐ By receiving a recognized social benefit, such as

- exemption from the ORF license fee,
- exemption from prescription charges,
- housing allowance (state or municipality),
- study grant, or
- support from the ÖH Uni Graz social fund,

or

☐ by providing proof of income and expenses (see form on the website).

Bank Details

IBAN: _____

BIC: _____

Account holder: _____

The applicant is responsible for ensuring that the application is complete and correctly filled out and that all information is supported by suitable documentation.

The ÖH University of Graz assumes no liability for transmission errors or other mistakes in the submission of the application; all liability is excluded.

Submitting this application does not entitle the applicant to a legal claim for support from the Department of Social Affairs of the ÖH Uni Graz.

By signing, I confirm that all information provided is truthful, and that I have read, understood, and acknowledged the attached data protection declaration as well as the notes above.

Place and date

Signature