

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
- ☐ Proof of academic achievement for the last 2 semesters (not required in the first two semesters of your studies)
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

Note on payment:

The payment of the psychotherapy subsidy will only be made after a positive decision and upon submission of the relevant fee notes/invoices.

The fee notes must be submitted after the application deadline and after notification of approval, within the specified deadline.

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? _____

Are you currently receiving any 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).

Type of psychotherapy to be subsidised:

- | | |
|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> psychotherapist under supervision | <input type="checkbox"/> Individual therapy |
| <input type="checkbox"/> fully qualified psychotherapist | <input type="checkbox"/> Group therapy |

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