



LUDWIG-  
MAXIMILIANS-  
UNIVERSITÄT  
MÜNCHEN

INTERNATIONAL OFFICE  
INTERNATIONAL OFFICE ADVISORY COMMITTEE



**DECLARATION OF FINANCIAL NEED  
SCHOLARSHIP / EMERGENCY FINANCIAL ASSISTANCE APPLICATION**

Winter/summer semester 20 .....

Forename..... Surname..... Date of birth ..... 19...

In order to process your application for a scholarship or emergency financial assistance, the university requires the following information (please complete the form in full):

**I. Applicant's expenditures / ongoing costs (converted to 12 months / monthly) or total family expenditures:**

- |                                 |                        |                 |
|---------------------------------|------------------------|-----------------|
| a) Rent                         | (monthly)              | €.....          |
| b) Cost of travel to university | (monthly)              | €.....          |
| c) Health insurance             | (monthly)              | €.....          |
| d) Food/subsistence             | (monthly)              | €.....          |
| e) Books or similar             | (monthly)              | €.....          |
| f) Other expenditures, such as  |                        | €.....<br>_____ |
|                                 | <b>Total (monthly)</b> | <b>€.....</b>   |

**II. Income (converted to 12 months / monthly):**

How have you been funding your studies until now?

- |   |                 |
|---|-----------------|
| a) Regular part-time work alongside my studies          | €.....          |
| b) Occasional work (e.g., tutoring, vacation work)      | €.....          |
| c) Support from parents, friends, spouse, etc.          | €.....          |
| d) Child allowance                                      | €.....          |
| e) Scholarships (awarded by which body and since when?) | €.....          |
| f) Support from social service providers                | €.....<br>_____ |

**Total (converted to 12 months/monthly)** €.....

g) Own means (savings, securities, real estate, etc.) €.....

**III. Scholarships / (emergency) financial assistance:**

Have you previously been awarded a Bavarian state scholarship?

- 1) From ..... to ..... € ..... (per month)
- 2) From ..... to ..... € ..... (per month)
- 3) From ..... to ..... € ..... (per month)

Have you previously received any (emergency) financial assistance from the International Office?

- 1) On ..... € .....
- 2) On ..... € .....
- 3) On ..... € .....

Have you previously received any other scholarships or (emergency) financial assistance (DAAD, KAAD, *Einstiegsgeld*, bridge funding, KHG, etc.)?

- 1) Institution ..... From ..... to ..... € ... (per month)
- 2) Institution ..... From ..... to ..... € ... (per month)
- 3) Institution ..... From ..... to ..... € ... (per month)

I hereby undertake to inform the LMU International Office immediately and on my own initiative of any changes in my income or financial situation.

**I hereby declare that I am not directly or indirectly in receipt of, claiming, or expecting to receive any income other than that disclosed in my application.**

I am aware that my scholarship or (emergency) financial assistance will be withdrawn if I am found to have provided false information.

I consent to the information I have provided being checked for accuracy if applicable (e.g., by the social security office, employment office, tax office, foreign nationals offices etc.)

.....

Date

.....

Signature