

Trier University of Applied Sciences, Central Equal Opportunities Officer

**Application for a study grant from the Scholarship Foundation Rhineland-Palatinate
here: Support for single students with child(ren)**

Name, First Name Street, House Number Postcode, place of [1st] resid.

Phone Email Nationality

Date of Birth Place of Birth Marital Status

Name of the child Date of birth and place of birth of the child

Type of childcare (crèche, kindergarten, childminder) part time, full time

Registration Number Course of Studies Aimed degree

To be completed by the Equal Opportunities Officer of your department

Confirmation of studies/proof of enrolment was available yes [please enclose copy]
no

The data of the child(ren) or pregnancy have been verified by

Birth certificate:
Child's passport:
Entry in income tax card:
Mother's passport:
Medical Certificate:
confirmation by childcare facility:
Other:

Proof: _____

Place, Date _____ Signature _____

Short Presentation of the personal situation to provide information on financial/social hardship (detailed list in the cost summary):

Cost Summary

Please enter all regular monthly income and expenses in the upper part of the form. In the lower part of the form, please enter all payments of the last six months that do not occur regularly. These may include: Expenses for initial baby equipment, car repairs, expenses for seminar papers or bachelor and master theses, etc.

Regular income per month		Regular expenses per month	
Type	Amount in €	Type	Amount in €
Wages		Rent	
BAföG		Service charges (electricity, water,...)	
Child benefit		Phone	
Alimony (advance)		Childcare	
Housing allowance		Food	
Other		Clothing	
		Material costs study/school	
		Insurance	
		Other	
Total monthly receipts:		Total monthly expenditure	
Extraordinary income of the last six months		Extraordinary expenses of the last six months	
Total extraordinary income:		Total extraordinary expenses	
Total income		Total expenses	

**Application for a study grant from the Scholarship Foundation Rhineland-Palatinate
here: Support for single students with child(ren)**

Declaration of acceptance Scholarship holder

Personal Data

Name, First Name	
Street, House Number	
Postcode, Place of 1st residence	
Date and Place of Birth	
Tax office of your residence	
Tax-Identificationnumber*	
Course of studies	
Registration Number	
Email	
Banking Institution	
BIC-Code	
IBAN-Number	

* The tax number can be requested online from the Bundeszentralamt für Steuern (Federal Central Tax Office) (<https://www.bzst.de>)

To be completed out by the Central Equal Opportunities Office

The Scholarship of _____ € will be paid in one sum.

In accordance with the decision of the Senate Committee for Equal Opportunities of _____

Information for the budget department

Please arrange for payment of the above scholarship to be charged to the following budget line:

Kapitel: **1566** Titel: **681 86** Drittmittelkonto **60310101**

Kostenart: **73060**

Sachlich und rechnerisch richtig:

Birkenfeld, den _____

Gleichstellungsbüro

1. Unterschrift

2. Unterschrift

Declaration of acceptance

By accepting the scholarship, the scholarship holder undertakes

- immediately inform us of any changes that are relevant to the award of the scholarship, e.g. if a change of subject, course or university is intended, if the studies cannot be successfully completed by the end of the standard period of study, or if the studies are discontinued or interrupted
- to independently comply with the possible tax and other recording and declaration obligations arising from the acceptance of the grant. Reference is hereby made to a possible duty of notification in accordance with the Ordinance on Notification of 7 September 1993. According to this regulation, authorities are obliged to report payments of 1,500 € or more to the responsible tax office. If advance payments have been made, these must be taken into account when calculating the relevant amount. The amount of the payments is irrelevant for recurring payments.

I have taken note of the above information and hereby assure the correctness and truth of my statements. I am aware that in the event of revocation of the grant, further funding cannot be provided and that there is no legal claim to the grant. I acknowledge that in the event of false information, the scholarship may be reclaimed in whole or in part.

Place, Date

Signature Scholarship Holder

Privacy Policy and Consent to the processing of personal data for the Granting of a Scholarship by Trier University of Applied Sciences

In the following, we inform you about the necessary contents regarding data protection in connection with the granting of a scholarship:

The responsible party for data processing is:

Hochschule Trier
 Trier University of Applied Sciences
 Schneidershof
 54208 Trier
 E-Mail: praesident[at]hochschule-trier.de
 Fax: +49 (0)651 8103 333

CONTACT PERSON FOR QUESTIONS OF DATA PROTECTION – DATA PROTECTION OFFICIAL

For all questions relating to data protection our Data Protection Official is at your disposal:

Herr Prof. Dr. Konstantin Knorr
 Hochschule Trier
 Trier University of Applied Sciences
 Schneidershof
 54208 Trier
 E-Mail: datenschutz@hochschule-trier.de

Description and Scope of Data Processing

Following data is collected as you are granted a scholarship of the Trier University of Applied Sciences (Support for single students with child(ren)):

Name, First Name	Street House Number
Postcode, Place of (1st) residence	Phone
Date of Birth	Place of Birth
Nationality	Marital Status
Tax Office of your residence	Tax-Identificationnumber
Name of child	Date and Place of birth of your child
Type of Childcare	Registration number
Course of studies	Aimed degree
Email	Banking Institution
BIC-Code	IBAN-Number

Purpose of Data Processing

The above data will be processed solely for the purpose of granting the scholarship. It will not be passed on to third parties, unless the university is legally obliged to do so.

Legal Basis for Data Processing

Insofar as we collect the above personal data for the granting of the scholarship, Art. 6 [1] p. 1 lit. a DSGVO serves as the legal basis for the processing.

Timespan of Data Storage

Data will be deleted after a period of 5 years. Dauer der Speicherung.

Your rights

You have the following rights vis-à-vis us regarding the personal data concerning you:

- Right to object to processing (Art. 21 DSGVO).
- Right to information (Art. 15 DSGVO),
- Right to rectification (Art. 16 DSGVO) or erasure (Art. 17 DSGVO),
- Right to restriction of processing (Art. 18 GDPR).
- Right to data portability (Art. 20 DSGVO).
- Right to complain to a data protection supervisory authority about the processing of your personal data by us (Art. 77 DSGVO).

Right to revoke the declaration of consent under data protection law

You have the right to revoke your declaration of consent under data protection law at any time. The revocation of the consent does not affect the lawfulness of the processing carried out on the basis of the consent until the revocation.

Further granting of the scholarship is no longer possible in the event of revocation of the declaration of consent, objection to the processing or deletion of the data.

To assert these rights, please contact the above-mentioned responsible persons.

I hereby declare my consent to the processing of my personal data:

Place, Date

Signature scholarship holder