

Leuphana Universität Lüneburg
Gleichstellungsbüro
„Chancenstipendium“
Universitätsallee 1, C40.155
21335 Lüneburg

APPLICATION FORM:

**APPLICATION FOR A COMPLETION GRANT
"CHANCENSTIPENDIUM"
(WINTERSEMESTER 2020/21)**

I hereby apply for a one-time completion grant for the winter semester 2020/21 in the amount of 500

€. This grant is sponsored by the E.W. Kuhlmann-Stiftung.

Please fill out or check all that apply!

Personal Details

Last Name

First Name

Date of Birth

ZIP code, city and street address

Email address

Phone number

Student no.

Semester

Study program

Enrolled at the Leuphana since

Intended completion of study

Application Details

I apply for the grant for the following reason:

I currently in the final phase of my studies at the Leuphana University Lüneburg and

- I have (a) child/ren
- I have health impairment, a chronic illness or a disability

Please explain briefly the necessity of a grant. How would 500€ assist you in completing your studies?

Possible references could be: Lacking child care options, additional care costs, loss of income, expiration of BAföG/ a scholarship, no possibility for gainful employment or treatment/medical costs.

What ist still necessary for you to finish your studies? What does your schedule look like?

Information about the children living in your household

Last Name, First Name/s	Date of Births	Relationship
Child		
Child		
Child		

Are you a single parent?

yes no

Information about your health impairment, a chronic illness or a disability

Exists since

Effects on the final phase of your studies

Please attach the following documents:

- Certificate of Enrollment (summer semester 2020)
- File on your completed courses and credits points up to now, downloaded from the Leuphana University Lüneburg platform qis
- Confirmation of registration for the bachelor or master thesis, if available
- Statutory declaration on your economic situation
- Studying with (a) child/ren:
 - Child's/Children's birth certificate(s)
 - Proof of residence
 - In case of foster child(ren): Attestation by the youth welfare service
- Studying with a disability or a chronic illness
 - Doctor's note or informal confirmation about the chronic illness/disability with the doctor's seal/ written on letterhead of the respective clinic,
 - Preferably with details on the start and estimated duration of the illness, statements by rehab providers or notice of approval by the providers of the integration assistance ("Eingliederungshilfe"), Pass for severely disabled persons or assessment by the pension office

I certify that the information in this application is complete and true. Any false or incomplete statements might make me liable to prosecution. I will immediately inform you of any changes in my personal and financial situation. Unjustly received payments must be returned.

Date/Place

Signature