

**Universität Passau  
Akademisches Auslandsamt  
z. Hd. Frau Petra Schilling  
Innstr. 41, VW R 112  
94032 Passau**

Eingangsstempel der Universität Passau

### DECLARATION

(Please fill in in block letters)

Name:		First name:	
Date of birth:		Enrollment number:	
Tax ID		e-mail-address:	
Bank	IBAN.:	BIC:	

I apply for a scholarship for international students (Emergency grant) of the University of Passau from funds to promote the internationalization of universities - grants to international students in Bavaria as part of their studies.

I am aware that I am responsible for the financial security of my studies. I hereby confirm that the information I have provided is correct and that I will not make use of any funding from other organizations for the duration of the scholarship that has not been agreed with the university or that I will subsequently register such funding for ongoing procedures.

**Neediness:**

The financial circumstances of the applicant and his/her dependants will be taken into account to an appropriate extent. The following gross annual incomes are not taken into account:

- for the applicant        15.000 €
- plus each additional dependent child    8.000 €

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Place, date

Signature

## Income and expenses of the applicant

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**Name, First Name**

### Statement of **average monthly income and expenses**

If you have no income/expenses, please enter € 0.00 in the corresponding fields.

<b>Income/Expenditure in €</b>			
<b>Monthly Income</b>	<b>€</b>	<b>Monthly Expenses</b>	<b>€</b>
Own earned income	€	Rent	€
BAföG	€	Living (Electricity / Gas...)	€
Side Job	€	Food	€
Support from third parties	€	Clothes	€
Family	€	Consumer Goods	€
Other scholarships	€	Mobile Contract	€
Others	€	Internet	€
	€	"Rundfunkbeitrag" / GEZ	€
	€	Health Insurance	€
	€		€
<b>Total</b>	<b>€</b>	<b>Total</b>	<b>€</b>

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Place, date

Signature