

Application for Emergency Financial Assistance

We kindly ask you to complete all fields of this form fully, legibly, and truthfully. Careful completion helps prevent incomplete or improperly completed applications, which unfortunately cannot be considered.

Personal data

Titel	<input type="text"/>	Date of birth	<input type="text"/>
First name	<input type="text"/>	Family name	<input type="text"/>
Street + Nr.	<input type="text"/>	Postcode / Town	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Marital status	<input type="text"/>	Nationality	<input type="text"/>
Bank	<input type="text"/>	IBAN	<input type="text"/>

Bachelorstudents

Study program	<input type="text"/>		
Profile	<input type="text"/>		
Elective /Focus	<input type="text"/>		
Start of study	<input type="text"/>	End of study	<input type="text"/>

Masterstudents

Study program	<input type="text"/>		
Major	<input type="text"/>		
Start of study	<input type="text"/>	End of study	<input type="text"/>

Monthly living expenses

Monthly tuition fees, learning resources	<input type="text"/>	CHF
Monthly accommodation (rent incl. service charges)	<input type="text"/>	CHF
Monthly expenses for food, hygiene, clothing	<input type="text"/>	CHF
Monthly fees for phone and internet	<input type="text"/>	CHF
Monthly other expenses	<input type="text"/>	CHF

Total living expenses _____ **CHF**

Monthly average support (under given circumstances)

Monthly support from parents, relatives, friends,
marriage/ life partner CHF

Monthly received scholarships CHF

Monthly received other support CHF

Monthly income from part-time jobs CHF

Total income **CHF**

Already received financial assistance

Already received financial assistance (Date)
Name of the organisation(s) / institution(s)..... CHF

Already received financial assistance (Date)
Name of the organisation(s) / institution(s)..... CHF

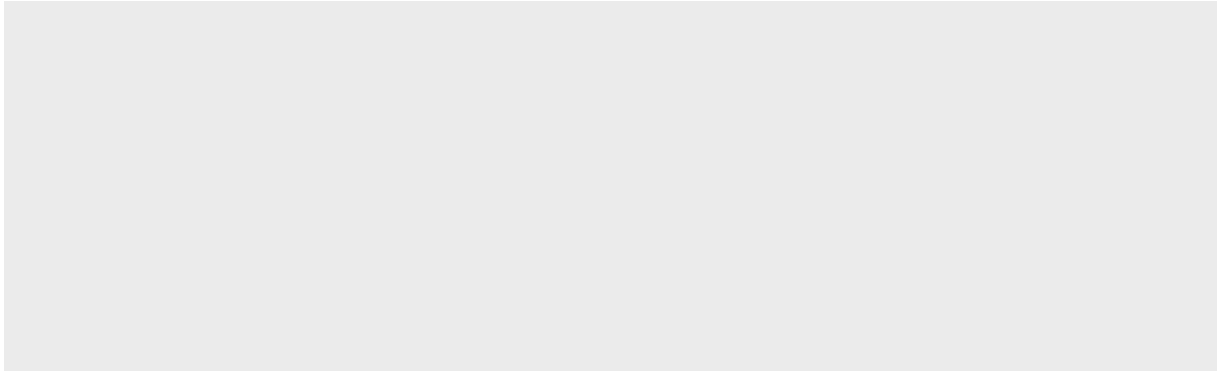
Already received financial assistance (Date)
Name of the organisation(s) / institution(s)..... CHF

Total financial assistance **CHF**

To what is your financial situation related to?

What have you done so far to improve your financial situation?

What happens if there is no financial help?



General terms and conditions

Representatives from the Hochschule Luzern Foundation and the Lucerne University of Applied Sciences and Arts decide on the approval of applications.

The contribution serves to alleviate acute financial hardship. The approved financial support may be transferred in instalments. The grant is never paid out in cash. There is no entitlement to support. Legal recourse is excluded.

This application must be completed correctly and sent to foundation@hslu.ch.

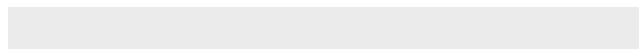
Declaration of truth and signature

By signing this application, I confirm that without emergency financial assistance, I would have no means of continuing to support myself (food, housing).

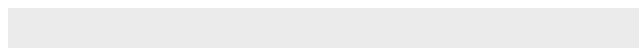
I confirm that I have done everything possible to obtain assistance from relatives or friends or third parties prior to this application.

I confirm that all the information I have given is true and that I agree with the general conditions.

Place



Date



Signature

