

## APPLICATION

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**for granting of a subsidy for (severe) disabilities or other health impairments as part  
of the grant program according to the Act on Promotion of Postgraduates  
of the Land of Baden-Württemberg (LGFG)**

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I apply for a grant due to a (severe) disability or other health impairment in accordance with § 2 para. 3b of the General Statutes of the University of Mannheim on the implementation of the Act on Promotion of Postgraduates of the Land of Baden-Württemberg (LGFG) of 8 November 2010.

### PERSONAL DATA

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- 1 Last Name: \_\_\_\_\_
- 2 First name: \_\_\_\_\_
- 3 Phone: home \_\_\_\_\_ at the University \_\_\_\_\_
- 4 E-Mail: \_\_\_\_\_

If there have been any changes since the address and bank details were provided or if the allowance is to be transferred to a different account, please provide that information:

- 5 Street and house no.: \_\_\_\_\_
- 6 Postal code and city: \_\_\_\_\_
- 7 Bank: \_\_\_\_\_
- 8 IBAN: \_\_\_\_\_
- 9 BIC: \_\_\_\_\_
- 10 Account holder: \_\_\_\_\_

### DETAILS OF AN EXISTING (SEVERE) DISABILITY

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- 11 Degree of disability (GdB) (please tick as appropriate and enclose proof/s):
- ☐ < 30 %
- ☐ 30 - 50 %
- ☐ > 50 %

- 12 Requested period of subsidy: From \_\_\_\_\_ (DD.MM.YYYY)  
to \_\_\_\_\_ (DD.MM.YYYY)

Please fill in if the fellowship holder's own child has a (severe) disability:

- 13 Name of the child: \_\_\_\_\_
- 14 Date of birth of the child: \_\_\_\_\_ (DD.MM.YYYY)

#### DETAILS ON AN EXISTING HEALTH IMPAIRMENT

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- 15 Health impairment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 16 Requested period of subsidy: From \_\_\_\_\_ (DD.MM.YYYY)  
to \_\_\_\_\_ (DD.MM.YYYY)

Please fill in if the scholarship holder's own child has a health impairment:

- 17 Name of the child: \_\_\_\_\_
- 18 Date of birth of the child: \_\_\_\_\_ (DD.MM.YYYY)

#### DECLARATION APPLICANT

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This application is accompanied by:

- ☐ In case of (severe) disability: Copy of the disability certificate of the scholarship holder/the scholarship holder's own child
- ☐ In case of health impairment: Certificate(s) from the attending physician(s) of the scholarship holder/the scholarship holder's own child

Name of the attending physician(s): \_\_\_\_\_  
\_\_\_\_\_

- ☐ Letter of explanation from the scholarship holder

- ☐ If applicable, proof of expenses (receipts, bank statements, etc.)
- ☐ If applicable, copy of the child's birth certificate
- ☐ If applicable, certificate of the Residents' Registration Office about the child's place of residence
- ☐ If applicable other supporting documents: \_\_\_\_\_  
\_\_\_\_\_

I hereby confirm the accuracy of the information provided above including any declarations in attached documents.

I have taken note of the provisions of the Act on Promotion of Postgraduates of the Land of Baden-Württemberg. I have also taken note of the General Statutes of the University of Mannheim on the implementation of the Act on Promotion of Postgraduates of the Land of Baden-Württemberg as well as the additional guidelines to the statutes (Richtlinienblatt).

**In the event that a subsidy is awarded, I hereby undertake to**

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- inform the university immediately once I have finished my project, intend to cancel it, pause it or continue my project at another university;
- inform the university immediately about any changes that affect the calculation or the continuation of the subsidy, especially the granting of a subsidy from other sources and changes in my income situation;
- to inform the university immediately about any changes in my state of health or the state of health of my own child which have an impact on the assessment or continuation of the subsidy;
- inform the university immediately, if there are any changes to my address during the funding period and while I am obliged to report.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature