

## 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 15 October 2025.

### 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 applicant

In the case of subsidies due to disability or health impairment of one's own child, the signatures of all legal guardians must be provided:

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

\_\_\_\_\_  
Signature additional legal guardian

## DATA PROTECTION INFORMATION

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The data protection information is available at the following link:

<https://www.uni-mannheim.de/forschung/promotion/finanzierung/datenschutz-stipendium/>

## DECLARATION OF CONSENT TO DATA PROCESSING

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I have read the data protection information in connection with my **application for and award of a fellowship** and hereby consent to the associated processing of personal data. This consent also expressly refers to the fact that **information about my health or physical impairments** will be processed, if and to the extent that I provide such information.

I am aware that the above consent is voluntary and can be refused without disadvantage or withdrawn at any time without giving reasons. I am aware that in case of withdrawal of my consent, the lawfulness of the processing carried out on basis of the consent until my withdrawal is not affected. I can simply address my withdrawal to the contact person named in the data protection information.

By submitting my application, I confirm that I have lawfully collected all **third-party data** contained therein (in particular, but not limited to: data relating to relatives/children, treating physicians) and that I am authorized to transfer this data to the University of Mannheim for the purpose of processing my application.

I have been provided with information on the processing of personal data in the context of **the application for and awarding of a fellowship**. The text of this declaration of consent was made available under <https://www.uni-mannheim.de/forschung/promotion/finanzierung/datenschutz-stipendium/>.

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Place, date

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Signature