

## APPLICATION

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**for granting a child allowance according to the Act on  
Promotion of Postgraduates of the Land of Baden-Württemberg (LGFG)**

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I apply for a child allowance according to § 2 para. 3a 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: \_\_\_\_\_
- 5 Marital status: not married/widowed/divorced ☐  
married ☐

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:

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

**INFORMATION ON MY CHILD/CHILDREN**

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Please provide information on each child for whom an allowance is being requested. If necessary, note additional information on a separate sheet and enclose it with the application.

12 Name of my child: \_\_\_\_\_

13 Date of birth of my child: \_\_\_\_\_ (DD.MM.YYY)

14 Requested duration of allowance: From \_\_\_\_\_ (DD.MM.YYY)  
until \_\_\_\_\_ (DD.MM.YYY)

15 Name of my child: \_\_\_\_\_

16 Date of birth of my child: \_\_\_\_\_ (DD.MM.YYY)

17 Requested duration of allowance: From \_\_\_\_\_ (DD.MM.YYY)  
until \_\_\_\_\_ (DD.MM.YYY)

18 Name of my child: \_\_\_\_\_

19 Date of birth of my child: \_\_\_\_\_ (DD.MM.YYY)

20 Requested duration of allowance: From \_\_\_\_\_ (DD.MM.YYY)  
until \_\_\_\_\_ (DD.MM.YYY)

**DECLARATION BY THE APPLICANT**

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The following documents are enclosed with this application (please tick the appropriate box; if you have more than one child, please submit the documents for each child):

- ☐ Copy of the child's birth certificate
- ☐ If child benefit is granted: Copy of the child benefit notice
- ☐ If no child benefit is granted: Certificate from the residents' registration office confirming the child's place of residence
- ☐ If applicable, other supporting documents: \_\_\_\_\_  
\_\_\_\_\_
- ☐ If applicable, receipts for allowances from third parties

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 case of being granted the child allowance, 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 about any changes that affect the calculation or the continuation of the child allowance, especially the granting of a child allowance from other sources and changes in my income situation;
- inform the university immediately, if there are any changes to my address during the funding period and while I am obliged to report.

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Place, date

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Signature of applicant

The signatures of all legal guardians for all children named in the application must be obtained. If necessary, obtain the consent of additional legal guardians on a separate sheet and attach it to the application.

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Place, date

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Signature of legal guardian

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Place, date

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Signature of 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