

Scholarship Financial Assessment Form

This form is mandatory for all scholarship applicants. The information provided may be used to assess your financial need for the scholarship. Please ensure that all information is accurate and complete. The university reserves the right to request additional documentation to verify your financial status.

Please fill in this form using the Euro as currency.

Part I Background information

1. Annual household income

Please indicate the employment status of the primary income earners in your household.

- Full-time
- Part-time
- Unemployed
- Other, please specify _____

Please select your approximate annual household income range in Euro.

- Less than 20,000
- 20,000 – 39,999
- 40,000 – 59,999
- 60,000 – 79,999
- 80,000 – 99,999
- 100,000 or above

The number of people in your household: _____

Number of dependents supported by this income: _____

2. Major financial obligations

Please indicate if you or your family are currently repaying any significant debts or loans (e.g. mortgages, education loans, medical debts). If yes, please provide details below:

3. Your current employment status

Are you currently employed?

- Yes
- No

If yes, please indicate how many hours per week you work and your month income.

Work hours per week: _____

Monthly income: _____

Part II – Your budget plan

4. Expected monthly income

Please provide a detailed breakdown of all sources of income you expect to receive during your study period.

<u>Source of income</u>	<u>Amount (€)</u>
Part-time job income
Family contribution
Benefits (housing & health care allowance, etc.)
Scholarship(s)/ Grants (excluding this one)
Living fee refund (applicable to students dealing with immigration procedures)
Money transfers / gifts
Savings
Other income
<hr/>	
Total monthly income

5. Expected monthly expenses

Please provide a detailed breakdown of your expected monthly expenses.

<u>Expense items</u>	<u>Amount (€)</u>
Housing	
Rent
Utilities (electricity, gas, water)
Internet
Other housing expenses



Food

Groceries & household supplies
Meals out
Other food expenses

Travel

Public transportation
Bike maintenance
Travel insurance
Other travel expenses

Health

Medicine
Health insurance
Doctor / dentist appointments
Other health expenses

Personal

Clothing & shoes
Books
Laundry
Liability insurance
Other personal expenses

Finance

Tuition fee
Telephone plan or prepaid card
Immigration fee
Gym / sport membership
Other financial expenses

Total monthly expenses

6. Overall budget

Total monthly income - Total monthly expenses = Budget
_____ _____

Signature: _____

Date: _____

