**SELF – DECLARATION OF THE ECONOMIC BACKGROUND**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Male ☐ Female ☐ Diverse

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about your family member living in the same household:**

|  |  |  |
| --- | --- | --- |
| Name | Age | Relationship (e.g., mother, father, sister etc.) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Are there any persons with special needs in the family?**

☐ Yes ☐No

If yes, specify and send a scan of the diagnosis:

|  |  |  |
| --- | --- | --- |
| Name | Age | What kind of special need? (Medical diagnosis) |
|  |  |  |
|  |  |  |
|  |  |  |

**Information about your own income:**

|  |  |  |
| --- | --- | --- |
| Monthly Income in the currency of your home country | Income in Euro | Sources of income |
|  |  |  |
|  |  |  |
|  |  |  |

**Information about the income of your family:**

|  |  |  |
| --- | --- | --- |
| Member of the Family / Name | Monthly Income in the currency of your home country and in Euro | Sources of income |
|  |  |  |
|  |  |  |
|  |  |  |

**Do you have any family members living abroad?**

☐ Yes ☐No

If yes, please specify

|  |  |  |
| --- | --- | --- |
| Name | Age | What kind of help are you receiving? |
|  |  |  |
|  |  |  |
|  |  |  |

**Do you or does any of your family members receive social / economical help from the state or from any aid organization?**

☐ Yes ☐No

If yes, please specify

|  |  |  |
| --- | --- | --- |
| Name | Name of the organization or state agency | What kind of help are you receiving? (Total sum in your home currency and in euro) |
|  |  |  |
|  |  |  |
|  |  |  |

**I state that the information given corresponds to the truth and I am aware that this information may be verified at any time by the scholarship giver.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date Signature