

Application for emergency aid · Students affected by the war

Name:	Firstname:
Gender <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> divers	
Date of birth	Nationality (Passport)
University	Registration-number
Current state of residence (please attach a copy)	
Address <i>Street, housenumber</i> <i>Postcode/City</i> Examined by social counsellor at the Studierendenwerk Greifswald: Confirmation, Date and Signature (employee of the Studierendenwerk Greifswald)	
Phone Number	E-Mail:
Banking Details	
Account Holder:	IBAN:
BIC:	Credit Institution:

Description of the urgency of my situation (Which previous sources of income have disappeared?)

Financing plan (please attach proof)			
Source of income	Amount (monthly)	since	till

I have already submitted the following applications for support or will apply for them shortly:		
<input type="checkbox"/> BAföG Date of Application: <input type="checkbox"/> Loan of the STW <input type="checkbox"/> financial help of the International Office		
	<input type="checkbox"/> Deferral of rent in the dorm <input type="checkbox"/> Deferral of costs for state hold or private health insurance <input type="checkbox"/> Others:	

I declare that I have checked all other options known to me and have no savings that I can use to remedy my emergency.

I accept the allocation guidelines.

I am aware that incorrect and incomplete information lead to reimbursement claims by the Studierendenwerk Greifswald

I agree that the authorising staff may consult with other departments of the Studierendenwerk and the International Office if necessary.

The documents/evidence denominated on the following page are attached to the application!

.....
Place/Date

.....
Signature

Submitted documents/Proof

1. Current certificate of enrollment

.....

2. Valid passport

.....

3. Declaration of consent according to DSGVO
(data privacy)

.....

4. Proof of financing

.....

5. Proof of residence permit

.....

Processing note:

(is filled in by the Studierendenwerk.)

Checked:

.....
Date/Signature

Declaration of consent to the processing of personal data according to article 6 Abs. 1a of the DS-GVO by the Studierendenwerk Greifswald

.....
Name, Firstname

Date of birth

I, hereby, authorize the social counselling employee of the Studierendenwerk Greifswald to forward personal data, if it is necessary to grant the requested support, to employees, the division management and the head of the department of the social counselling department of the Studierendenwerk Greifswald.

With the retention, processing and use of my provided personal data and information by the Studierendenwerk Greifswald, I agree, insofar, as this is necessary, to decide on my application and to correspond with me.

The personal data collected with this application will be saved within the statutory retention period and will be deleted as soon as this will have expired.

According to article 7 of the DS-GVO, I have the right to withdraw this consent at any time towards the social counselling service of the Studierendenwerk Greifswald. After incoming mail of the cancellation, the social counselling of the Studierendenwerk Greifswald will refrain from data processing based on this consent.

According to Art. 15 of the DS-GVO, I have the right to request information about processing my personal data at the Studierendenwerk Greifswald.

According to article 16 of the DS-GVO, I have the right to immediately demand correction of incorrect information or the completion of my at the Studierendenwerk Greifswald saved data.

According to article 17 of the DS-GVO, I have the right to request the deletion of my data held by the Studierendenwerk Greifswald, unless their processing is necessary for the fulfilment of a legal obligation or alleging, exercising or defending of legal claims.

I have been informed about handing in additional documents to be submitted personally, by post or by e-mail (at your own risk).

.....
Place/Date

Signature