Prof. Huss Fund for Students with Children

Application for financial support of childcare

*Please complete this form electronically!*

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<th>Servicestelle Familie at TU Darmstadt</th>
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<td><a href="mailto:servicestelle-familie@zv.tu-darmstadt.de">servicestelle-familie@zv.tu-darmstadt.de</a></td>
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<td>Hochschulstraße 1</td>
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<td>64289 Darmstadt</td>
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1) **Personal details of applicant and other persons living in the household**

Applicant

☐ Mother  ☐ Father  ☐ Carer

First name/ surname

__________________________________________________________

Date of birth

__________________________________________________________

Nationality

__________________________________________________________

2) **Other persons living in the household**

First name/ surname of spouse, life partner

__________________________________________________________

Date of birth

__________________________________________________________

Nationality

__________________________________________________________
Address and contact details of applicant

Postcode, town, street, house number
_________________________________________________________

E-mail address
_________________________________________________________

Telephone number/ mobile number
_________________________________________________________

Name and age of child/ children

First name/ surname of your first child
_________________________________________________________
Age________

First name/ surname of your second child
_________________________________________________________
Age________

First name/ surname of your third child
_________________________________________________________
Age________

Which of your children currently attends a day care centre or is cared for by a child minder?
_________________________________________________________

3) **Study details of the applicant**

a) Course of study (Studiengang)
_________________________________________________________

How many semesters have you been studying this course?
_________________________________________________________

Are you currently taking a semester of leave (Urlaubssemester)?

☐ ja    ☐ nein

If yes: I am in the ____ semester of leave
How many credit points have you achieved?

___________ credit points (mandatory!)

Doctoral studies at the faculty of:_______________________________

Was your application for the doctorate accepted by the doctorate committee?

☐ yes if yes, when? __________________________

☐ no

Are you employed by TU Darmstadt?

☐ yes if yes, please state the number of working hours:___________ hrs./ week

☐ no

Have you completed other courses of study/ study sections before? If yes, please indicate which studies:

________________________________________________________

4) Details about the financial situation of the applicant, the family or the life partnership

Please state your monthly expenses for day care for your children.

1. child:
   • fees (Elternbeitrag) ___________,- €
   • cost of food (Verpflegungskosten) ___________,- €
   • additional hours (Einzelstunden-Zukauf) ___________,- €

2. child:
   • fees (Elternbeitrag) ___________,- €
   • cost of food (Verpflegungskosten) ___________,- €
   • additional hours (Einzelstunden-Zukauf) ___________,- €

3. child:
   • fees (Elternbeitrag) ___________,- €
   • cost of food (Verpflegungskosten) ___________,- €
   • additional hours (Einzelstunden-Zukauf) ___________,- €
Have you already applied for financial support (finanzielle Unterstützung für die Betreuungskosten) at your local youth welfare office (Jugendamt)?

☐ no
☐ yes If yes, please state the monthly amount and the time period for which the benefit is granted.

1. child: __________,-€ from _______ till _________
2. child: __________,-€ from _______ till _________
3. child: __________,-€ from _______ till _________

Have you already applied for other financial support for your day care expenses? (Mehrkinderregelung, Sozialfonds der Träger/ des Astas, Förderung von Konfessionen, Stiftungen)

☐ no
☐ yes if yes, please state the monthly amount: __________,-€

For which time period is this benefit granted?
Until and including ___ 20___

5) Please give us the reasons for your application

(final phase of your studies, loss of income, expiry of Bafög/scholarship, exceptional financial strain e.g. because you need longer day care time, because of illness or separation from your partner)

Have you made use of the social counseling (Sozialberatung) at Studierendenwerk Darmstadt or at Zentrale Studienberatung of TU Darmstadt?

☐ yes date: __.__.____
☐ no
6) **Data protection declaration**

The collection of the data is necessary for the verification of the fulfillment of the conditions for entitlement of granting this funding. The data collection is not required by law nor any other legally binding rule. In case of funding through this fund your data such as name and address will be stored for five years. If you do not receive funding, your documents may be sent back to you or destroyed.

I am explicitly informed that all personal information are given on a voluntary basis and that through my signature I accept the processing of the generated data.

place/date: ___________________________ / _________

signature______________________________

7) **Confirmation**

Herewith I certify that all the above given data are complete and true. By submitting uncomplete and untrue data I possibly become subject to criminal liability and could be liable to subsequent payment.

I am aware that the documents listed below (certificate of study, acceptance letter of doctorate committee, notification letters, care contracts) have to submitted.

place/date: ___________________________ / _________

signature______________________________

8) **Please submit the following documents, if applicable**

1) Copy of certificate of study (Studienbescheinigung)
2) Acceptance letter of doctorate committee
3) Notification letter of youth welfare office (Jugendamt) about financial support (Freistellung/Ermäßigung von Betreuungskosten)
4) Grant approval of BaföG-Office (Bewilligungsbescheid des BaföG-Amtes) if you receive BaföG-support
5) Copy of care contract (Kopie des Betreuungs- oder Tagespflegevertrages) from your day care centre or child minder