



## Application scholarship in “hardship situations”

### 1 Scholarship of max. 3 months

**Funding period: from \_\_\_\_\_ to \_\_\_\_\_ = \_\_ months**

Scholarship for PhD students

Scholarship after receiving doctoral degree

Scholarship for those pursuing a *Habilitation* (mentorship registered)

Scholarship after finishing one's *Habilitation* or equivalent qualification

### 2 Applicant

Faculty: _____	Chair: _____
Surname: _____	First name: _____
Academic title: _____	Nationality: _____
Date of birth: _____	Place of birth: _____
Street: _____	Postcode: _____
City: _____	Marital status: _____
Tel. Uni: _____	Tel. private: _____
Email-address Uni: _____	
Email-address private: _____	
Children (if yes, please specify names and dates of births and enclose birth certificate(s)): _____ _____	

### 3 Current financing or last financing

Financed by:	from...to



## 4 Academic Career

### 4.1 Degree

Course of study:	
University:	
Qualification /Grade:	

### 4.2 Doctorate

Subject:	
Topic:	
University:	
Start/ (planned) Finish:	
Grade:	

### 4.3 Post-doctoral lecture qualification

Subject:	
Topic:	
University:	
Start/ (planned) Finish:	

### 4.4 Further academic activities (e.g. post-doc.)

Institution/University/ Subject	Topic	Start/ (planned) Finish



## 5 Interruption of the academic career

Occupation/Parenting/Care of relatives, ...	from...to

## 6 Planned academic activities during the funding period

Subject:	
Topic:	
Start/ (planned) Finish:	
Connection to / Supervised by(Name, chair/ organization):	

## 7 Funding

<p>Will you pursue paid work during the funding period?</p> <p><input type="checkbox"/> Yes, from _____ to _____</p> <p>Type of activity: _____</p> <p>Number of hours: _____</p> <p>Please enclose a copy of employment contract/income statement.</p> <p><input type="checkbox"/> No</p>
<p>Have you already been sponsored by this program?</p> <p><input type="checkbox"/> Yes, from _____ to _____</p> <p><input type="checkbox"/> No</p>
<p>Have you applied for any other scholarship during this period?</p> <p><input type="checkbox"/> Yes, Institution: _____ from _____ to _____</p> <p><input type="checkbox"/> No</p>



## 8 Bank account

Account holder:	
Account number:	
Sort code:	
IBAN:	
BIC:	
Name of bank:	

## 9 Declaration by the applicant

I assure the accuracy of my statements and I agree to notify of any change to the information provided in this application without delay.

In the case of award of such scholarship, I agree to notify the Equal Opportunities Department at University of Bayreuth if I carry out a paid activity.

The scholarship ends not later than the end of the funding period.

I assure to submit not later than two months after the end of funding a final report to the Equal Opportunities Department.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of the applicant

Please submit the application with the relevant documentation  
(one pdf, max. 30MB) to the Equal Opportunities Department.

[chancengleichheit@uni-bayreuth.de](mailto:chancengleichheit@uni-bayreuth.de)

If you have any questions, please seek advice in the Equal Opportunities Department  
(Stabsabteilung Chancengleichheit).



**The following documentation is attached to this application:**

Application form

One page motivation statement with, where appropriate, supporting documents  
(e.g. expiring visa, termination of employment)

CV

Copies of recent university reports

Short statement from the supervisor/host including a reason why financing from own  
resources is not possible

If applicable, evidence of registration of mentorship (post-doctoral lecture qualification)

If applicable, copy of employment contract/ proof of income

If applicable, copy of birth certificate(s) of the child/children

If applicable, copy of passport / residence status

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Submission date