

! Attention: Submit no later than two weeks after the re-registration deadline for the respective semester !

Application for a subsidy from the social fund for the semester ticket

Line **EXPLANATIONS FOR ALL THE LINES CAN BE FOUND IN THE INFORMATION SHEET ON SEMESTER TICKET REFUND!**

I hereby apply for a subsidy for the contribution to the semester ticket in accordance with the Social Fund statutes according to § 18 a V BerIHG

Application semester:		Matriculation Number:	Matriculated at:
1	<input type="checkbox"/> WiSe		Hochschule für Schauspielkunst „Ernst Busch“
2	<input type="checkbox"/> SoSe	20____/____	
3	Surname	First Name	
4	Adress		Adress appendix
5	Post Code	City	
6	Telephone (optional)		E-Mail (optional)
7	BA <input type="checkbox"/> MA <input type="checkbox"/> Dipl <input type="checkbox"/>	Study program	Date of birth
Banking account			
8	IBAN		BIC
9	Financial institution		Account holder (Surname, First name, if not identical with line 3)

I assert the following hardship (s) in accordance with § 2 Paragraph 3 of the Social Fund statutes:

Please check the relevant box! All information must be supported by suitable documents.

10	<input type="checkbox"/>	I am working on my final thesis and registered it on _____.
11	<input type="checkbox"/>	I did a free or low paid internship from _____ to _____. This internship had a minimum duration of three months and a weekly time commitment of at least 30 hours. At least one day of this was within the calculation period.
12	<input type="checkbox"/>	My passport contains a note about the restriction of the work permit .
13	<input type="checkbox"/>	I had a particularly low income . After paying my fixed costs (rent, health insurance), I have less than 55% of the basic need for living.
14	<input type="checkbox"/>	I had a disability / chronic illness during the calculation period.
15	<input type="checkbox"/>	I was pregnant during the calculation period.
16	<input type="checkbox"/>	In the calculation period I was a single parent of at least one child in my own household.
17	<input type="checkbox"/>	During the calculation period, I had a reduced earning capacity according to § 69 Section 5 SGB IX (permit G).
18	<input type="checkbox"/>	I or my child were entitled to benefits under SGB XII or SGB II (e.g. ALG II).
19	<input type="checkbox"/>	I looked after a relative in need of care during the calculation period.
20	<input type="checkbox"/>	I had to pay special medical or psychological costs that were not covered by health insurance. These exceeded an amount of 250 euros.
21	<input type="checkbox"/>	I assert the following other, comparable hardship: _____

! All information must be supported by suitable documents in the calculation period !

(Calculation period = 6 months prior to application: i.e. applications for the winter semester usually May to October, applications for the summer semester usually October to March)

I claim the following financial needs in accordance with § 2, Section 4 of the Social Fund statutes:

22	<input type="checkbox"/>	I pay rent (per month including electricity, gas, GEZ) in the amount of:		€
23	<input type="checkbox"/>	I live in a shared apartment (WG) with my partner, friend, parents.		

- 24 I am restricted due to my chronic illness / disability and have to pay the specified, higher rent.
- 25 I don't pay rent.
- 26 I paid a monthly contribution to health and long-term care insurance in the amount of: €
- 27 I did not pay any contributions for health and long-term care insurance (e.g. family insurance, paid by a job centre or employer).
- 28 During the calculation period, I had costs for medical or psychological care that were not covered by the health insurance in the amount of: €
- 29 I had additional monthly costs for special nutrition in the amount of: €
- 30 I pay maintenance to the following people (e.g. children):

Name	Date of birth (day/month/year)	Child benefit entitlement	Living in same household
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 31 One of the household members (under point 30) had a chronic illness / disability.
- 32 I had to pay off debts during the calculation period in the amount of: €
- 33 During the calculation period, I lived outside the Berlin ABC tariff area (but within the VBB network).
- 34 During the calculation period I had to bear additional costs that were a particular financial burden for me (e.g. deposit, additional operating or additional costs, court costs, etc.): €

In the calculation period I had the following income (net) according to § 2 Section 5 of the Social Fund statutes:

- 35 (Please state all income. Give specific details, if necessary also for all household members named under point 30. If there was no income, please enter 0.00 € for the corresponding month - **no field left blank.**)

Month	Amounts and type of income (ALG II, housing or child benefit, wages, loans, etc.)

- 36 I assure you that I do not have any capital within the meaning of the Social Fund statutes.

I confirm that I have given the information in this form and the attachments truthfully to the best of my knowledge and belief.

I am aware that, regardless of whether or not I have been granted a subsidy, I have to pay the semester ticket fee in full to the university so that all requirements for enrollment or re-registration are met.

37 _____
Date Signature