

APPLICATION FOT STUDY ALLOWANCE

(This form may also be completed in Dutch.)

Surname _____

Given name _____

Date of birth

Place of birth _____

Nationality _____

Proof of Identification no. _____

Passport number _____

Address _____

Postal code _____

City/town _____

Telephone number _____

Cell phone #/mobile phone nr _____

E-mail adres _____

Single/Cohabiting/Married*)

Father's details

Surname _____

Date of birth

Full address _____

Occupation _____

Monthly income (gross) _____

Mother's details

Surname _____

Date of birth

Full address _____

Occupation _____

Monthly income (gross) _____

(if different from father's)

*) Cross out if not applicable

Major subject of study _____

Name of educational institution _____

Length of the study programma _____

Enrolled since _____

Current year of study _____

Expected date of completion/
graduation (approximation) _____

Please describe briefly your future prospects after successful completion of the study programme.

Are you a member of one or more Jewish organisations in the Netherlands? yes/no *)
If so, please state which organisation(s) you are a member of:

If you are a citizen of the Netherlands, have you applied for assistance under the Study Financing Act?

If yes, what was the result of your application?

If no, why have you not done so?

If you are NOT a citizen of the Netherlands, what is your reason for wanting to study in the Netherlands?

Have you already successfully completed one year of study in the Netherlands?

yes/no *)

Note: if you answered yes to the previous question, please enclose a declaration by the dean/study supervisor of the faculty/educational institution to demonstrate the successful conclusion of one year of study.

Why are you applying to the educational assistance fund for assistance now, and how have you managed to cope financially so far?

What amount of assistance are you applying for to the educational assistance fund for the coming educational year? What period will the assistance be used for?

€ _____

Please provide information on other potential sources of Financial assistance:

| | | | | | |
|------|---------|----------------|----|-----------------------|------------------------------|
| i.e. | € _____ | per month/year | *) | <input type="radio"/> | family |
| | € _____ | per month/year | | <input type="radio"/> | part-time job |
| | € _____ | per month/year | | <input type="radio"/> | partner |
| | | | | | (if married or cohabitating) |
| | € _____ | per month/year | | <input type="radio"/> | other: |

(Please specify. E.g. government child support, basic study assistance grant, other foundations/funds, etc.)

ITo assess this application, it may be necessary to request relevant extracts of tax filings and/or income statements concerning your parent(s).

