

# Application for Freitisch voucher (free meal project)

This application form is intended for students who are studying at a university supervised by Studentenwerk Leipzig and are in urgent financial need to apply for a "Freitisch".

There is no legal entitlement to the support. It is provided voluntarily and without recognizing any legal obligation.

Prerequisite for the application is that you have attended a social counselling session.

Application for	<input type="text" value="Semester and year (SuSe / WiSe YYYY)"/>	Have you already received a free meal voucher from Studentenwerk Leipzig?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, last in semester:	<input type="text" value="Semester"/>
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## 1. Personal details

<input type="text" value="Last name"/>	<input type="text" value="First name"/>	<input type="text" value="E-mail address"/>	
<input type="text" value="Street"/>	<input type="text" value="House no."/>	<input type="text" value="Postal code"/>	<input type="text" value="Place"/>
<input type="text" value="Date of birth"/>	<input type="text" value="Nationality"/>	Health impairments <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="text" value="Number of children"/>			

## 2. Study details

<input type="text" value="University/college"/>	<input type="text" value="Course of study"/>	<input type="text" value="Student ID"/>	<input type="text" value="No. of semester"/>	<input type="text" value="Degree (e.g. BA, MA, Examina, PHD)"/>
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## 3. Details on how you finance your studies

BAföG recipient <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you applied for BAföG? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text" value="Specify other reasons"/>
Reasons why no application for BAföG is made or why no BAföG is granted: <input type="checkbox"/> No entitlement due to non-German citizenship <input type="checkbox"/> Other:		

**Mandatory:** Briefly specify reasons to prove why you are in an urgent temporary financial emergency. For example, due to the cessation of incoming payments, unforeseen additional costs, illness, change in living circumstances.

Income per month:

Support/parents	<input type="text" value="Euro"/>	Job	<input type="text" value="Euro"/>	Scholarships	<input type="text" value="Euro"/>
Pensions/allowances	<input type="text" value="Euro"/>	BAföG	<input type="text" value="Euro"/>	Loan	<input type="text" value="Euro"/>
				Other	<input type="text" value="Euro"/>

More information on the processing of your personal data:

[stwl.de/en/data-protection](http://stwl.de/en/data-protection)

By signing the form, I declare that all information given is correct and complete.

\_\_\_\_\_  
Date Signature

### To be completed by the person processing the application:

_____ Date	_____ Signature of Social Counsellor
<input type="text" value="Voucher number"/>	
Checked student status	
Checked ID card	
Checked bank statements	
Notes	