University of Luxembourg

Intake Form



		-	LUXEMBOURG
			Student Services - SEVE
Important!			
Your application to the Hardship Fund will only	y be considered if all applicable sections a	nd supporting documentation are complete	
Personal Information			
Student II):		
Family Name	a:		
First Name	e:		
Date of Birtl	n:		
Telephon	e:		
Emai	ı:		
Study Programme	2:		
Semeste			
Scineste	·• <u></u>		
Please tick as appropria	<u>te</u>	Do you live:	
	single student (no children)		alone 🔲
st	udent with partner (no children) 🔲	with partner,	/spouse
	single parent 🔲	with parent/g	guardian
sto	udent with partner and children)	shared accommodation / university re	esidence
if applicable number of children in fulltime education:		private re	esidence
studen	t with special educational needs	 returne	ed home
Have you already applied t	o the Hardship Fund? Yes		
, , . , . , . , . , . , .	No		
<u>Healthcare:</u>	Healthcare cover via University	Healthcare cover via Student Job	
Part 2: Study Program Information:			
Course Title: Semester:			
Bachelor Student		Full-time student	
Master Student		Part-time student	
Doctoral Candidate			
Is this a repeat year?	Yes		
Faculty of Science, Technol	No ogy and Medecine		
Faculty of Law, Economics			
Faculty of Humanities, Edu			
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Part 3: Income and Expenditure - Please complete all questions, if none please state 0			
Your Income	€ per month	Your (& partner's) Expenditure	€ per mor
Student Grant		Rent / Mortgage / Contribution	
Student Loan		Gas	
Other Financial Award		Electric	
Net Earnings		Internet	
Child Benefit		Mobile Phone	
Savings		Food / Household	
other income (please specify)		Childcare	
		Disability / Medical costs	
		Books / Equipment / Course costs	
		Private vehicle costs	
		Other expenditure (please specify)	
Total Student Income		Total Expenditure	
			•
Partner Income	€ Per Month	Debts - please list any debts you have	€ per Mo
Net earnings			
Other (please specify)			
Fotal Partner's Income		Total Debt	
Total Household Income		Total Household Outgoings	
(Student's + Partner's Income)			
Part 4: Your Bank Details			
Awards made from the Financial Hardship	o Fund are paid directly to your ban	k account	
Name of Book			
Name of Bank <u>:</u>			

Part 5: Declaration			
I declare that the information I have provided on this			
attendance on my course. I understand that giving fa disciplinary action and possible suspension from from			
application being void.	Title offiversity. Furtherstalla that I wi	in be required to repay any money paid to me as a re	.suit of this
Place:	Date:	Signature:	
Part 6: Document Checklist			
Please submit a photcopy or scan copy. Do not subm	it original documents as they will not I	oe returned	
Please tick the (box)es below next to the documenta	tion you have included in your Hardsh	ip Fund application form.	
Please ensure that all relevant documentation is incl	uded to allow an accurate and timely o	lecision	
Applications will only be accepted with all document	s attached		
All students must provide:			
Completed application form			
Copy of Student ID Card			
Enrolment certificate			
A typed personal statement to explain why you	are applying to the hardship fund		
Proof of funding for AST (autorisation de séjour	temporaire)		
Certificate of affiliation to CNS/CCSS (if no healt	hcare is taken via the university)		
Evidence of CEDIES grant and loan award			
Evidence of all benefits, grants, funding, suppor	t payments received		
Evidence of your net earnings			
Partner's net earnings or benefit received (salar	y slips, benefit payments etc)		
Evidence of rent or mortgage or weekly contribution	ution if living in parental home (no mo	re than 3 months old)	
Your bank statements and your partner's bank s			
(*1 week prior to submission of request) Explain all	debits of €200 or more. Write the reason	next to the debits/credit.	
Your bank statements related to any savings acc Please note we cannot accept screenshots of bank of		ayparted to ayeal sprandshoots	
RIB confirming bank details	ccounts from raptops or phones, or data	exported to excerspredusneets.	
For all students with children in full-time education.			
Child(ren's) full birth certificates			
	child cupport nayments received		
Child support letter or bank statement showing	cilia support payments received		
Proof of childcare costs			
Dobt and Emorgansy Asserte:			
Debt and Emergency Awards:			
Proof of dobt recomment plan			
Proof of debt repayment plan			
Proof of emergency payment required (flight, ill	ness etc)		

Office Use only: To be completed before passing to the Committee					
Enrolled:	: Not Enrolled				
	Full-Time				
	Part-Time				
	Repeat Year				
	Undergraduate				
	Master				
	PhD				
Faculty	: Faculty of Science, Technoloខ្	gy and Medecine			
	Faculty of Law, Economics ar	d Finance			
	Faculty of Humanities, Educa	tion and Social Sci	ences		
	Previous Awards made:	€	_	€	<u></u>
	Dates:		_		<u> </u>
	Satisfactory Attendance:	Yes		No	
Committee U	Ise Only				
Award:	: Yes		€		
	No		Reason		
	Pending		Application	Incomple	olete - Review Date