University of Luxembourg				
Application for Support Form - Food Voucher				
	Student Services - SEVE			
Important!!				
Your application will only be considered if all applicable se	ctions and supporting documentation are complete.			
Part 1: Personal Details				
Student ID:	]			
Family Name:	]			
First Name:	]			
Date of Birth:	]			
Semester Address:	Telephone:			
	Email:			
Please tick as appropriate:	Your Accommodation Information			
Single Student (no children):	Do you live:			
Student with Partner (no children):	Alone 📃			
Single Parent:	With Partner / Spouse			
Student with Partner and Children: 📃	With Parent / Guardian 📃			
if applicable number of children in fulltime education:	Shared accommodation/University Residence			
Student with Special Educational Needs:	Private Residence			
	Returned Home			
Part 2: Your Course Information				
Course Title:				
Semester:				
Undergraduate 🔲 Master Studen	t 📃 PhD 📃			

Part 2: Your Course Information					
Course Title:					
Semester:					
Undergraduate 📃		Master Student	PhD 📃		
Full-Time Student 📃		Part-time Student			
Is this a repeat year?	Yes 📃	Is this your final year of your program?	Yes 📃		
	No 📃		No 📃		
Faculty: Faculty of Science, Technology and Medecine 🔲					
Faculty of Law, Economics and Finance					
Faculty of Humanities, Education and Social Sciences 📃					

our Income	€ per month	Your (& partner's) Expenditure	€per
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 vehicule costs	
		Other expenditure (please specify)	
Total Student Income		Total Expenditure	
Partner Income	€ Per Month	<b>Debts</b> - please list any debts you have	€ per N
Net earnings			
Other (please specify)			
Total Partner's Income		Total Debt	
Total Household Income		Total Household Outgoings	

## Part 4: Declaration

I declare that the information I have provided on this application is correct and the documents provided are genuine. I confirm that I have regular attendance on my course. I understand that giving false, fraudulent or misleading information will result in my application becoming void and could result in disciplinary action and possible suspension from the University. I understand that I will be required to repay any money paid to me as a result of this application being void.

Place:\_\_\_\_\_

Date:

Signature:

## Part 5: Document Checklist

Please submit a photocopy or scan copy. Do not submit original documents as they will not be returned.

Please tick the box(es) below next to the documentation you have included with your application form.

Please ensure that all relevant documentation is included to allow an accurate and timely decision.

Applications will only be accepted with all documents attached.

## All students must provide:

Completed application form

- Copy of Student ID Card
- A typed personal statement to explain why you are applying to the Good Food scheme
- Evidence of tuition fees paid for current semester

Office Use only	:				
Enrolled:	Not Enrolled				
	Full-Time				
	Part-Time				
	Repeat Year				
	Undergraduate				
	Master				
	PhD				
Faculty:	Faculty of Science	e, Technology and	d Medecine		
	Faculty of Law, E	conomics and Fin	ance		
	Faculty of Humar	nities, Education a	and Social Sciences		
Committee Use	Only				
Award:	Yes		€		
	No	Rea	ison		
	Pending	Арг	olication Incomplete	- Review Date	 