

FINANCIAL AID SCHEME
INSTITUTE FOR LAW AND FINANCE
JOHANN WOLFGANG GOETHE-UNIVERSITÄT FRANKFURT

Application Form for Financial Assistance

1. PARTICULARS OF STUDY:

Year of study at the ILF for which financial assistance is required: _____

Have you applied for financial aid from any other institutions for this program? If so, please give details:

2. PERSONAL PARTICULARS:

Full Name: _____

Marital Status: _____ Gender: Male _____ /Female: _____

RESIDENTIAL ADDRESS: _____

_____ Postal Code: _____

RESIDENTIAL TELEPHONE NUMBER: Area Code : () _____

ADDRESS WHILE STUDYING (RESIDENTIAL): _____

_____ Postal Code: _____

TEL. NO. WHILE STUDYING: Area Code: () _____

3. FINANCIAL PARTICULARS:

Indicate your TOTAL ANNUAL FAMILY NET INCOME. Family income in this regard includes your own, that of your parents, and spouse. **Please attach notarized copies of all documents mentioned. Incomplete applications will not be considered.**

	Annual net income (please send proof, e.g tax return, payslips, statement of employer	No income (please give reasons and send proof , e.g. housewife, retired, deceased)	Copy of passport (please attach copy of all family members), please tick	Comments
Applicant			<input type="checkbox"/>	
Father			<input type="checkbox"/>	
Mother			<input type="checkbox"/>	
Spouse			<input type="checkbox"/>	

(FOR OFFICE USE ONLY) PROOF OF INCOME

SELF: €

PARENTS: €

SPOUSE: €

OTHER: €

I declare that the information supplied in this questionnaire is true and correct and undertake to supply the Institute for Law and Finance with documentary or any other form of additional proof that may be required. I also understand that should any information given be incorrect, any financial assistance offered and/or granted to me may be withdrawn from me and in addition, disciplinary action may be taken against me.

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APPLICANT'S SIGNATURE

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DATE AND PLACE