

## SCHOLARSHIP APPLICATION FORM

### PERSONAL INFORMATION

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Gender:  Female  Male

Passport Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (DD-MM-YYYY)

Place of birth: \_\_\_\_\_

Address: \_\_\_\_\_ (Name of the street & number)

ZIP or Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### INCOME/FAMILY

Net annual income of the family Euro \_\_\_\_\_ (required field) \*

Number of family members living in the same household with you

Name / Relation to Applicant	Occupation	Age

\* Required field: Attention! The declaration of assets will be checked by the scholarship department of the Jewish Heritage Fund by means of income statements. Misrepresentation can lead to loss of scholarship or to reclamation of the funds guaranteed.

**Jewish Heritage Fund**

**ADDITIONAL INFORMATION**

The distance of your city of residence from Vienna, Austria \_\_\_\_\_ km

The amount of your personal savings \_\_\_\_\_ Euro

Do you receive a scholarship, saving, or salary from other sources? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, what is the net annual amount? _____ Euro

Do you or your family receive a welfare support? <input type="checkbox"/> yes <input type="checkbox"/> no
Reason _____ Annual amount _____ Euro
If yes, please attach the certificate of the welfare authority.

Does anybody in your family suffer from disability, serious illness, or handicap? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please attach the medical records.

**Documents to be attached to the Scholarship Application Form  
(documents do not need to be translated in English)**

- Copy of your passport
- Your Birth Certificate
- The Birth Certificate of your mother
- The Birth Certificate of your grandmother
- Proof of Income
- Short Video (1 minute): Why do I want s scholarship from the Jewish Heritage Fund in order to study at the Lauder Business School in Vienna?

*Herewith I declare that all of the above mentioned information is accurate and I notice that only complete application documents will be accepted. I hereby agree that my information, in compliance with legal regulations regarding secrecy and security of personal information, may be disclosed to third party for the purpose of verifying its accuracy.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_