**STUDENT ONLINE-SCHOLARSHIP**

**APPLICATION QUESTIONNAIRE**

**The scholarships are awarded as part of the DAAD programme ‘Ukraine Digital: Ensuring Student Success in Times of Crisis’ in the project ‘Digital Umbrella for Ukrainian Foreign Language Teachers’.**

1. **Personal information**

|  |  |  |
| --- | --- | --- |
| 1.1 | Name |  |
| 1.2 | Surname |  |
| 1.3 | Date and place of birth |  |
| 1.4 | Home address |  |
| 1.5 | Current residential address |  |
| 1.6 | E-mail |  |
| 1.7 | Phone/mobile |  |

1. **Studies**

|  |  |  |
| --- | --- | --- |
| 2.1 | Home university, country |  |
| 2.2 | Studying online at your home university |  Yes No [ ]  [ ]  |
| 2.3 | Online courses of PH Ludwigsburg  |  Yes No [ ]  [ ]  |
| 2.4 | Academic year |  1 2 3 4 5 6 [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  |
| 2.5 | If you are in your final year of study, when is the date of your last exam? |  |

1. **Needs**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.1 | My monthly expenses |

|  |  |
| --- | --- |
| **Type of expenses** | **Amount in Euro** |
| Accommodation and energy |  |
| Travel costs |  |
| Learning materials (copying, printing, communication: mobile phone and internet etc.) |  |
| Food costs |  |
| Health costs |  |
| Clothing |  |
| Other costs |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.2 | My monthly income |

|  |  |
| --- | --- |
| **Type of income** | **Amount in Euro** |
|  |  |
|  |  |
|  |  |
|  |  |

 |
| 3.3 | Describe your current situation in 2025 and explain how the scholarship can help you |  |

**I confirm that I will continue my studies online for at least 4 months from March 2025 and attend the online courses of PH Ludwigsburg.**

**I confirm that there are no other income sources (e.g., scholarships, states subsidies) as mentioned in 3.2.**

**I confirm that I have completed the questionnaire independently and confirm the accuracy of the information provided above with my signature.**

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Place, Date Signature