

Application for Emergency Financial Assistance

Personal data			
Title		Date of birth	xx.mm.yyyy
First name		Family name	
Street/Nr.		Postcode/Town	
Phone		Email	@stud.hslu.ch
Martial status		Nationality	
Bank		IBAN	
Bachelor studen	ts		
Study program			
Profile			
Elective/Focus			
Start of study		End of study	
Master students			
Study program			
Major			
Start o	of study	End of Study	
Monthly living expe	enses		
	Monthly tuition fees, le	earning resources	CHF
Mo	CHF		
	CHF		
Monthly average su	apport (under given circ	cumstances)	
Monthly support fron	CHF		
Monthly received scholarships			CHF
	CHF		
	CHF		
		Total income	CHF

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Already received financial assistance

Already received financial assistance (Date:) Name of the organisation(s) / institution(s)	CHF
Already received financial assistance (Date:) Name of the organisation(s) / institution(s)	CHF
Already received financial assistance (Date:) Name of the organisation(s) / institution(s)	CHF
Total financial assistance	CHF
To what is your financial situation related to?	
What have you done so far to improve your financial situation?	
What happens if there is no financial help?	

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General terms and conditions

Representatives from the Hochschule Luzern Foundation and the Lucerne University of Applied Sciences and Arts decide on the approval of applications.

The contribution serves to alleviate acute financial hardship. The approved financial support may be transferred in instalments. The grant is never paid out in cash. There is no entitlement to support. Legal recourse is excluded.

This application must be completed correctly and sent to foundation@hslu.ch.

Declaration of truth and signature

By signing this application, I confirm that without emergency financial assistance, I would have no means of continuing to support myself (food, housing).

I confirm that I have done everything possible to obtain assistance from relatives or friends or third parties prior to this application.

I confirm that all the information I have given is true and that I agree with the general conditions.

Place		
Date		
Signature		

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