**Fewer Opportunities** **Honorary declaration for additional funding in the Erasmus+ program**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,hereby confirm that I will spend my study abroad at the Erasmus partner university \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_during \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(indicate semester&year)

Since multiple funding is not possible, you can choose one of the additional grants if several criteria apply to you.

**I would like to apply for the following additional funding and hereby declare on my honor that I meet the conditions for this according to the "criteria catalogue", that I have the relevant evidence and that I can present this on request.**

I would like to apply for additional funding as a student with child(ren).

I would like to apply for additional funding as a student with a disability.

I would like to apply for additional funding as a student with a chronic illness.

I would like to apply for additional funding as a student from a non-academic family background.

I would like to apply for additional funding as a continuously employed student.

I have made all statements to the best of my knowledge and I acknowledge that in case of false statements I will have to repay the approved funds in part or in full to TH Köln.

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| --- | --- |
| Signature | |
| Participant |  |
| Last Name, First Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (no digital signature)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place, date | |

To be uploaded in Mobility Online in the grant section.