

**APPLICATION**

**for a doctoral scholarship**

**under the state of Baden-Württemberg law for the promotion of graduates (LGFG)**

**APPLICANT’S DETAILS Please complete column below: ▼**

|  |  |
| --- | --- |
| Family name |   |
| Given name(s) |   |
| Street, no. |       |
| Postcode, town |       |
| Phone no. |       |
| Email |       |
|  |  |
| Sex | male [ ]  female [ ]  other [ ]  |
| Date of birth |       |
| Place of birth |       |
| Nationality |       |
| Marital status |       |

**BANK DETAILS**

|  |  |
| --- | --- |
| Account no. (IBAN) |       |
| Bank identifier code (BIC) |       |
| Name of bank |       |

**SPOUSE’S DETAILS**

|  |  |
| --- | --- |
| Spouse’s family name  |       |
| Spouse’s given name(s) |       |
| Spouse’s address |       |

**CHILDREN’S DETAILS**

|  |  |
| --- | --- |
| Number of children |       |
| Do you or your spouse receive child benefit for your child/ children?  | yes [ ]  no [ ]  |
| from which authority? |       |

**DETAILS OF PLANNED ACADEMIC WORK**

I hereby apply for a scholarship under the relevant state law (LGFG) for
Doctoral studies at the

|  |
| --- |
|   |
| Faculty: |
|   |
| Subject: |

Thesis title:

|  |
| --- |
|   |

Brief summary:

|  |
| --- |
|       |

|  |  |
| --- | --- |
| Start date for work on thesis: |       |
| Planned date of completion: |       |
| Scholarship requested for the period: | from       to       =      months |
|  |  |
| Thesis supervisor |       |
| Second supervisor |       |

**ACCEPTANCE AS A DOCTORAL CANDIDATE**

|  |  |
| --- | --- |
| Accepted as a doctoral candidate by the University of Tübingen faculty: |       |
|  |   |
| on (date of acceptance) |       |
|  |  |

**ACADEMIC CAREER Please complete column below: ▼**

|  |  |
| --- | --- |
| Number of semesters completed in the subject in which you will be writing your thesis: |       |
| Total number of semesters in higher education: |       |

Number of intermediate and final exams completed:

|  |  |
| --- | --- |
| **1** |  |
| Type of examination(e.g., intermediate exam, Master’s degree) |       |
| Subject(s) examined |       |
| Higher education institution |       |
| Date of examination |       |
| Result (grade) |       |
|  |  |
| **2** |  |
| Type of examination(e.g., intermediate exam, Master’s degree) |       |
| Subject(s) examined |       |
| Higher education institution |       |
| Date of examination |       |
| Result (grade) |       |
|  |  |
| **3** |  |
| Type of examination(e.g., intermediate exam, Master’s degree) |       |
| Subject(s) examined |       |
| Higher education institution |       |
| Date of examination |       |
| Result (grade) |       |
|  |  |
| **4** |  |
| Type of examination(e.g., intermediate exam, Master’s degree) |       |
| Subject(s) examined |       |
| Higher education institution |       |
| Date of examination |       |
| Result (grade) |       |

|  |  |
| --- | --- |
| Which academic or scientific achievements, experience and knowledge have you achieved/ attained either in or out of higher education?(please attach documentation if applicable) (e.g. academic publications) |       |

**TRAINING/ EMPLOYMENT Please complete column below: ▼**

|  |  |
| --- | --- |
| Are you currently involved in training or in the introductory phase of a professional career? | yes [ ]  no [ ]  |
| If so, in which training program? |       |
|  |  |
| Are you currently in paid employment? | yes [ ]  no [ ]  |
| If so, please specify: |       |
|  |  |
| Do you intend to carry out employment agreed with the LGFG while you are receiving this scholarship? | yes [ ]  no [ ]  |
| If so, please specify: |       |
| How much of your time will this employment occupy? |       |

**TRAVEL EXPENSES**

|  |  |
| --- | --- |
| Will you need to travel abroad in connection with your thesis?  | yes [ ]  no [ ]  |
| To which country? |       |
| To which research institution (if applicable)? |       |
| For which period of time? |       |
| How is this travel to be financed? |       |

**OTHER FINANCIAL SUPPORT**

|  |  |
| --- | --- |
| Has your doctoral project been, or will it be ,financially supported by private or public funds? | yes [ ]  no [ ]  |
| By which organization? |       |
| To what amount? |       |
| During which period of time? |       |
| What type of financial aid was it (allowance for material, travel)? |       |

**ADDITIONAL INFORMATION**

**Income** please mark relevant box with an x

|  |
| --- |
|  |
| a) | In the calendar year prior to applying for this scholarship, I / my spouse and I  |
|  | [ ]  | was/were assessed for income tax liability |
|  | [ ]  | applied for a tax refund. |
|  | The tax assesment notice is attached.(If the tax assessment notice for the relevant year has not yet been issued, please attach the notice of assessment from the previous year.) |
|  |  |

|  |
| --- |
|  |
| b) | [ ]  | In the calendar year prior to applying for this scholarship, I / my spouse and I Had no income which was liable to tax |
|  | [ ]  | and I/ we will not foreseeably have any income liable to tax for the duration of the scholarship. |
|  | Confirmation from the relevant tax office that I/ we are not liable for tax is attached.  |
|  |

|  |
| --- |
|  |
| c) | The following changes to income are expected, compared to the income documented for the calendar year prior to applying for this scholarship:  |
|  | My employment with        |
|  | ended on        |
|  | Documentation of this is attached. |
|  |  |
|  | From the start of the scholarship period with        (Institut/ center/ professorship)I will be carrying out employment in line with § 6 of the scholarship provisions.Expected monthly gross income and one-off incomefrom the start of the scholarship period    EUR |
|  | Confirmation from the responsible professor/lecturer of the nature and extent of the employment is attached.  |
|  |

**Dependent children**

I/ my spouse and I receive child benefit for the following children under the relevant German law:

|  |  |  |
| --- | --- | --- |
| Family name | Given name(s) | Date of birth |
|       |       |       |
|       |       |       |
|       |       |       |

Documentation of this is attached.

**DECLARATION BY THE APPLICANT**

Included in this application: 1)

[ ]  A project outline including timetable for the planned thesis (max. 5 pages)

[ ]  A report by thesis supervisor

[ ]  A report by a second professor/ lecturer

[ ]  Certified copy of the degree certificates cited above

[ ]  Confirmation by the faculty of my acceptance as a doctoral student and of my academic supervision by

[ ]  a professor 1)

[ ]  a lecturer 1)

[ ]  A resume providing details of my prior student career

[ ]  Documentation of my income

(Tax assessment notices for the calendar year prior to application, pay statements from employer, scholarship payment notices, etc.)

[ ]  Documentation of marital status, if necessary

[ ]  Documentation of child benefit payments

I hereby confirm that the information given on this form is correct.

I have taken note of the provisions of the state law for the promotion of graduates (LGFG) and of the University of Tübingen’s regulations relating to this law.

1) please mark relevant box with an x

If my application is granted, I pledge to

* make every necessary and reasonable effort to fulfill the purpose for which the scholarship is given,
* not to carry out any training or employment which is not compatible with the purpose of the scholarship,
* not to accept any grant from any other authority for the duration of my LGFG scholarship,
* to notify the University without delay when I have completed my thesis project, discontinue or interrupt my thesis project or continue it at another institution of higher education,
* to notify the University without delay of any facts of relevance to the assessment or continuation of the scholarship, in particular the granting of a scholarship from another source, the commencement of training or employment, changes to income, marital status, number of children and amount of child benefit - regardless of whether these changes lead to a rise or fall in the scholarship,
* to provide the University with all details required under the LGFG and the University regulations regarding it, in particular to present the required reports and inform the University of the results of the doctoral examination,
* to inform the University without delay of any change of address during the scholarship period.

Date Signature

**Declaration by spouse:**

I hereby confirm that the information given here regarding myself is correct.

Date Signature