

Application for Emergency Financial Assistance

Personal data

Title		Date of birth	
First name		Family name	
Street/Nr.		Postcode/Town	
Phone		Email	
Marital status		Nationality	
Bank		IBAN	

Bachelor students

Study program			
Profile			
Elective/Focus			
Start of study		End of study	

Master students

Study program			
Major			
Start of study		End of Study	

Monthly living expenses

Monthly tuition fees, learning resources		CHF
Monthly accommodation (rent incl. service charges)		CHF
Monthly expenses for food, hygiene, clothing		CHF
Monthly fees for phone and internet		CHF
Monthly other expenses		CHF

Total living expenses _____ **CHF**

Monthly average support (under given circumstances)

Monthly support from parents, relatives, friends, marriage/life partner		CHF
Monthly received scholarships		CHF
Monthly received other support		CHF
Monthly income from part-time jobs		CHF

Total income _____ **CHF**

Already received financial assistance

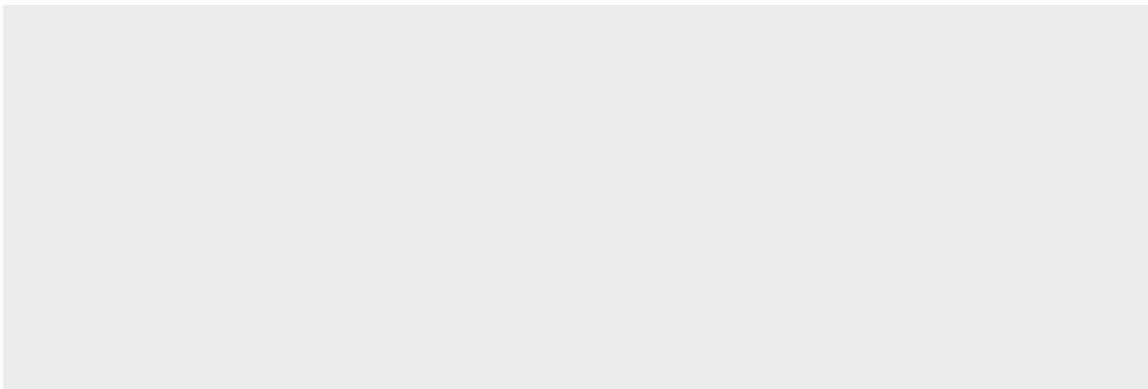
Already received financial assistance (Date:.....) _____ CHF
Name of the organisation(s) / institution(s).....

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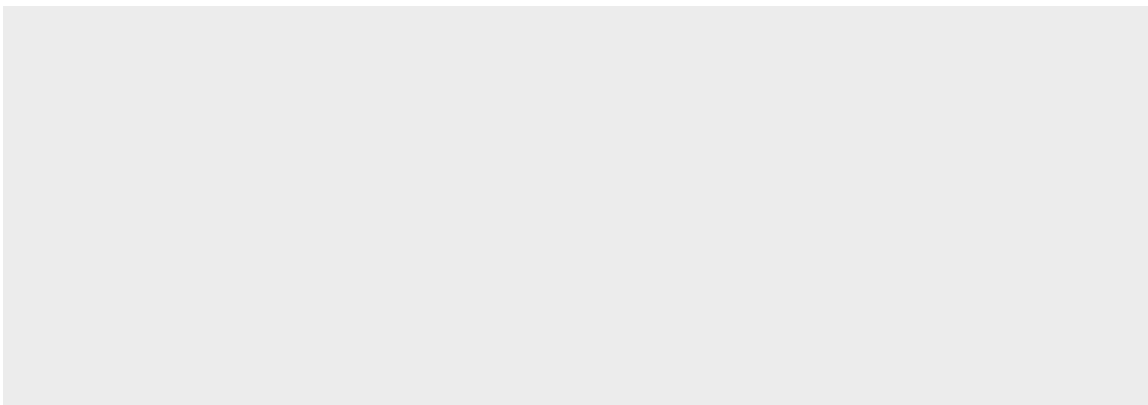
Already received financial assistance (Date:.....) _____ CHF
Name of the organisation(s) / institution(s).....

Total financial assistance _____ **CHF**

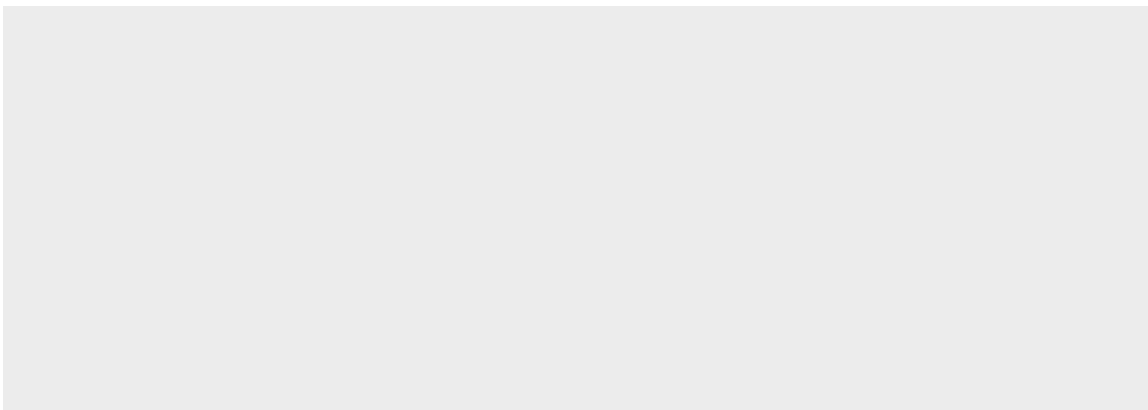
To what is your financial situation related to?



What have you done so far to improve your financial situation?



What happens if there is no financial help?



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