

Fördernummer:
Aktenzeichen:

Eingangsdatum:

Universität Ulm
 Prof. Dr. Karsten Urban
 Institut für Numerische Mathematik
 Helmholtzstraße 20
 89081 Ulm

A P P L I C A T I O N

for a doctoral scholarship under the Postgraduate Scholarships Act of the Land of Baden-Wuerttemberg (LGFG) within the Cooperative Doctoral Programm “Data Science und Analytics” between Universität Ulm and Technische Hochschule Ulm

family name	
First/given name	
student ID number	
date of birth	
sex	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other
postal code, place of residence	
street name, number	
home phone number	
home e-mail	
university / institute	
office phone number	
office e-mail	
bank details (name / BIC / IBAN)	

Do you or your partner receive benefits under the Federal Child Benefit Act („Bundeskindergeldgesetz“) for a child you support ?	yes <input type="checkbox"/> no <input type="checkbox"/>

Number of children for whom you receive child benefits	

Does your partner receive benefits under the Postgraduate Scholarships Act (LGFG) or from any other public or private sponsor with similar objectives?	yes <input type="checkbox"/> no <input type="checkbox"/>

Please indicate sponsor, purpose and duration of the fellowship

Did your partner apply for such benefits to any other sponsor?	yes <input type="checkbox"/> no <input type="checkbox"/>
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Intermediate and final examinations taken in the context of university studies					
	name of exam	exam subject	university	date of exam	result (grade)
1					
2					
3					
4					

Details of the scientific project	
faculty	
date of acception as doctoral candidate	
subject of doctoral thesis	
institute	
starting date of doctoral thesis	
(expected) completion date of doctoral thesis	
Doctoral thesis adviser and 1st referee to this application (name, institute)	

2nd referee to this application (name, institute)	
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Do you expect to spend time abroad (outside Germany) for working on your thesis?	yes <input type="checkbox"/>
	no <input type="checkbox"/>
Country, research institution, period of time, funding	

Have your doctoral studies been or are they currently supported by any public or private sponsor?	yes <input type="checkbox"/>
	no <input type="checkbox"/>
sponsor, period of time, amount financially, kind of benefit (e.g. material costs, contribution to travel expenses)	

Employment, Income
Are you currently in gainful employment or do you pursue any other kind of activity (training, education, student assistant)? If so, what do you do?
Do you intend to pursue a gainful employment or any other kind of activity compatible with the scholarship during the term of your scholarship? If so, what and how much time do you plan to work?

<input type="checkbox"/> I declare, that I do not have an income at the effective date of the scholarship .
<input type="checkbox"/> I have an employment contract with _____ (employer), amounting to _____ hours per month.
<input type="checkbox"/> I do not receive any other scholarship or financial support for my doctoral research project.

Health Insurance	
If you don't own a mandatory health insurance, but are voluntary or privately self-insured, you may apply for an additional contribution of 50% of the proven costs, but no more than 100 EUR / month.	
I am member of a private health insurance	<input type="checkbox"/> yes <input type="checkbox"/> no
I intend to become member of a private health insurance	
<input type="checkbox"/> no <input type="checkbox"/> yes	planned date of start _____
I apply for an additional contribution towards your costs for my private health insurance according to § 5 (2) of the Statutes of Ulm University regarding the implementation of the LGFG and grant of further doctoral scholarships, dated February 21, 2019	
<input type="checkbox"/> yes <input type="checkbox"/> no	

The University of Ulm is legally required to comply with export control regulations. We therefore need the following information:

Nationality:

For citizenship outside the EU: German residence title and duration:

If residence outside the EU for the past 5 years, please provide the following informations:

country	period	Purpose of stay (e.g.:employment, study)

Please add the following documents / certificates

This application is accompanied by:

- a work schedule comprising a timeframe
- referee's statement by academic supervisor (1st referee)
- referee's statement by another person, who would be permitted to function as academic supervisor according to the faculty's regulations (2nd referee)
- copies of university examination certificates (University may request copies to be certified)
- confirmation by the Faculty of acceptance as a doctoral candidate and my being academically supervised by a university lecturer
- a curriculum vitae providing information on, in particular, previous studies, special achievements and experiences

The following documents are not attached and will be handed in as soon as possible:

In case of approval the following documents must be submitted immediately (in paper form):

- application with all documents
- proof of employment (e.g.: copy of employment contract)
- proof of payment of child benefits
- proof of a voluntary or private health insurance including costs per month

Declaration of the Applicant

I confirm the correctness of all data indicated by me and contained in the attached declarations. I have taken note of the provisions of the “Landesgraduiertenförderungsgesetz” and of the Statutes of Ulm University regarding the implementation of the LGFG, especially those relating to an exclusion of financial support.

Should I be awarded a scholarship, I undertake,

- To endeavour in the required manner and to a reasonable extent to realise the objectives of the postgraduate scholarship programme,
- Not to pursue any training or any other activity that are not compatible with the scholarship,
- Not to accept any further scholarships from any other agency during the term of my scholarship
- To notify the university immediately of the completion of my doctoral thesis or, respectively, of a discontinuation or interruption of my doctoral studies or continuation thereof at another university,
- To notify the university immediately of any change in circumstances relevant for the calculation of the amount of my scholarship or the continuing payment thereof such as the award of another scholarship, the taking up of training or of gainful employment, any changes in my income situation, the number of children and adjustment of child benefits paid, membership in a private health insurance, independently of whether these changes entail an increase or a decrease in the amount of the scholarship,
- To provide University of Ulm with all data required under the “Landesgraduiertenförderungsgesetz” (LGFG) and the Statutes of University of Ulm in compliance with the Landesgraduiertenförderungsgesetz, in particular to submit the reports required under section 9 LGFG and to inform the university of the result of my doctoral studies,
- To immediately notify the University of any changes of address during the term of my scholarship and my obligation to report.

Date

signature

Please pass in this application as a pdf-document (all attachments assembled in a single pdf-document, please! Referee`s statements can be submitted separately) to: stipendium@uni-ulm.de

Information to data security and a privacy statement you will find under:
www.uni-ulm.de/index.php?id=46952