

Application Form for PhD Scholarships for Women

Information about the applicant

Name, First Name	Street, Number	Post Code, City of Primary Residence
Telephone	E-Mail	Nationality
Date of Birth, Birthplace	Area of Studies	Supervising Professor
Tax Office of Recipient	Tax Number	Civil Status
Name of Child	Date of Birth	

Bank Details

Bank Name	International Bank Account Number	Bank Identifier Code
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The scholarship holder agrees, that her personal data are being stored and processed. A transfer to a third party will not take place unless the university is required by law.

I have taken notice of the preceding directions and assure the correctness and truth of my statements.

I know, that in case of revocation of the grant approval, a forwarding payment is not possible and that there is no legal entitlement to the grant.

I recognize, that the grant can be demanded back in parts or entirely, in case of incorrect information.

I assure the correctness of the aforesaid statements

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Date, Signature of the Applicant

Further documents to be submitted:

- Letter with the justification of your application
- Curriculum
- Advocacy from the supervising professor

Please send this form to the following address:

Hochschule Kaiserslautern
-Senatsausschuss für Gleichstellungsfragen-
Postfach 1573
67604 Kaiserslautern