# Scholarship Financial Assessment Form (MSc)

*This form is mandatory for all scholarship applicants. The information provided may be used to assess your financial need for the scholarship. Please ensure that all information is accurate and complete. The university reserves the right to request additional documentation to verify your financial status.*

*Please fill in this form using the Euro as currency.*

## Part I Background information

## 1. Annual household income

Please indicate the employment status of the primary income earners in your household.

Full-time

Part-time

Unemployed

Other, please specify \_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select your approximate annual household income range in Euro.

Less than 20,000

20,000 – 39,999

40,000 – 59,999

60,000 – 79,999

80,000 – 99,999

100,000 or above

The number of people in your household: \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_

Number of dependents supported by this income: Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_

## 2. Major financial obligations

Please indicate if you or your family are currently repaying any significant debts or loans (e.g. mortgages, education loans, medical debts). If yes, please provide details below:

Click or tap here to enter text.

## 3. Your current employment status

Are you currently employed?  Yes  No

If yes, please indicate how many hours per week you work and your month income.

Work hours per week: \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_

Monthly income: …€… 0.00 …………

## **Part II – Your budget plan**

## 4. Expected monthly income

Please provide a detailed breakdown of all sources of income you expect to receive during your study period.

**Source of income** **Amount (€)**

Part-time job income …€… 0.00 …………

Family contribution …€… 0.00 …………

Benefits (housing & health care allowance, etc.) …€… 0.00 …………

Scholarship(s)/ Grants (excluding this one) …€… 0.00 …………

Living fee refund (applicable to students

dealing with immigration procedures) …€… 0.00 …………

Money transfers / gifts …€… 0.00 …………

Savings …€… 0.00 …………

Other income …€… 0.00 …………  
  
 **Total monthly income** …€… 0.00 …………

## 5. Expected monthly expenses

Please provide a detailed breakdown of your expected monthly expenses.

Expense items **Amount (€)**

**Housing**

Rent …€… 0.00 …………

Utilities (electricity, gas, water) …€… 0.00 …………

Internet …€… 0.00 …………

Other housing expenses …€… 0.00 …………

**Food**

Groceries & household supplies …€… 0.00 …………

Meals out …€… 0.00 …………

Other food expenses …€… 0.00 …………

**Travel**

Public transportation …€… 0.00 …………

Bike maintenance …€… 0.00 …………

Travel insurance …€… 0.00 …………

Other travel expenses …€… 0.00 …………

**Health**

Medicine …€… 0.00 …………

Health insurance …€… 0.00 …………

Doctor / dentist appointments …€… 0.00 …………

Other health expenses …€… 0.00 …………

**Personal**

Clothing & shoes …€… 0.00 …………

Books …€… 0.00 …………

Laundry …€… 0.00 …………

Liability insurance …€… 0.00 …………

Other personal expenses …€… 0.00 …………

**Finance**

Tuition fee …€… 0.00 …………

Telephone plan or prepaid card …€… 0.00 …………

Immigration fee …€… 0.00 …………

Gym / sport membership …€… 0.00 …………

Other financial expenses …€… 0.00 …………

**Total monthly expenses** …€… 0.00 …………

## 6. **Overall budget summary**

Total monthly income - Total monthly expenses = Budget

…€… 0.00 ………… …€… 0.00 ………… …€… 0.00 …………

By signing this document, I confirm that the information provided regarding my financial situation is complete and accurate to the best of my knowledge.

Signature: \_\_Click or tap here to enter text. Date: \_\_\_\_Click or tap to enter a date.\_\_\_\_\_\_\_