**NEW ORLEANS**

**JUBILÄUMS-LEISTUNGSSTIPENDIUM**

**Personal Information**

First and Last Name: Type here.

Birthday and Birthplace: Type here.

Citizenship: Type here. Gender: [ ] m[ ] w[ ] d

**Current Address:**

Street and House number: Type here.

Postcode, Town/City: Type here.

Telephone number: Type here. E-mail: Type here. @student.uibk.ac.at

Are you currently employed at the University of Innsbruck? [ ] Yes [ ] No

If yes, which form of employment?

Type here.

**Previous and current University education:**

Main Field of Study (Name and Number)

Type here.

Which Semester Type here. Registration number: Type here.

Further current or completed courses of study and amount of completed semesters:

Type here. Completed? [ ]  Yes [ ]  No

Type here. Completed? [ ]  Yes [ ]  No

**Study Abroad:**

Semester for which the Scholarship is being applied for: [ ]  Spring Year. [ ]  Fall Year.

Duration of the planned study abroad: from choose date. to choose date.

**Previous time abroad (eg. work and travel, school or student exchange - no holidays!):**

**Type Country Duration/Year**

Type here. Type here. Type here.

Type here. Type here. Type here.

Type here. Type here. Type here.

**Financial Situation**

Are you registered as financially independent at the tax office? [ ] Yes [ ] No

Amount of net income from the previous year (if not financially independent then the parents/guardians income)

Type here.

Do you receive any form of financial aid (scholarship, study grant, BAföG, etc.)

 [ ]  Yes [ ]  No

If not, what are the reasons (e.g. exceeding the age limit, total income that is too high, exceeding the standard duration of study, etc.)

Type here.

If yes, what type of financial aid do you receive and how much?

Family allowance in Austria: [ ]  Yes [ ]  No Amount: Type here.

Study Grant/Scholarship in Austria: [ ]  Yes [ ]  No Amount: Type here.

Other requested / approved grants, services, or grants from abroad (Overview of other grants at: <https://grants.at/> )

Type here. [ ]  Yes Amount: Type here.

Type here. [ ]  Yes Amount: Type here.

**What total expenses do you expect for your study abroad in the USA?**

Total for the whole stay (Fights, Rent, Study fees, Food, Leisure): Type here.

Monthly Expenses (Rent, Food, Leisure): Type here.

**How do you intend to finance your study abroad at the UNO?**

Own funds (Savings, Loan etc.)

Type here. [ ]  Yes [ ]  No Amount: Type here.

Scholarships or other sources

Type here. [ ]  Yes [ ]  No Amount: Type here.

**The following documents must be enclosed with the application:**

[ ]  CV

[ ]  Letter of Motivation (2 Pages, max. 12pt.)

[ ]  Complete Transcript of Records (all grades!)

[ ]  *Preliminary* notice of recognition of intended classes by the Study Dean or the Academic Office

The language institute's foreign language certificate and the nomination letter from the rector's representative for the university partnership are forwarded directly by the Center New Orleans and do not have to be submitted again.

**If you are awarded a Center New Orleans Jubiläums Leistungsstipendium, you must submit the following documents by June 30 (for the spring semester) and by January 31 (for the fall semester) at the latest:**

[ ]  Transcript of Records of your attended classes at UNO

[ ]  Notice of recognition of completed classes by the Study Dean or the Academic Office

[ ]  **Report** on your experience at UNO

At least two pages max. 12pt., 1.5 line spacing. We recommend you write this report as soon as possible, preferably in New Orleans. These reports are an important source of information and provide valuable feedback!

**Attention:** please submit the report by E-Mail to the International Relations office and the Center New Orleans

**Data protection:**

I will immediately report changes in my financial situation and the granting of a scholarship from another party. I will report any changes to my personal data (address, email, telephone, etc.) immediately.

I confirm that I meet the application requirements. In the event of incorrect or misleading information, the full amount of the scholarship must be **repaid within three months**.

I hereby give my consent to submit additional documents upon request and for the purpose of carrying out random checks to confirm the truthfulness of the information provided, including a tax assessment and confirmation of the payment or non-payment of scholarships. If in the course of such a review it is discovered that the information provided is incorrect or that necessary information has been withheld, the full amount of the scholarship must be **reimbursed within three months**.

I acknowledge that the personal data contained in the application and the enclosures will be passed on to third parties (tax authorities and for the Authorities responsible for grants and scholarships).

I agree that my report will be anonymized and passed on to interested students.

 [ ]  Yes [ ]  No

I agree that my email address can be passed on to interested students who would like to find out more about my stay abroad at the UNO.

 [ ]  Yes [ ]  No

Consent can be revoked at any time by informing the Center New Orleans.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submission:** Center New Orleans

 Universität Innsbruck

 Herzog-Friedrich-Str. 3, 1. Stock

 6020 Innsbruck

 *Original, digital and copy!*

**Application Dates:** Beginning of January – incl. February (Fall Semester)

 Beginning of August – incl. September (Spring Semester)

**Not to be filled out by the applicant!**

Antrag eingelangt am:

Stipendium gewährt am:

Stipendium abgelehnt am:

Grund: