

Application Agreement for a Corporate Scholarship at Heilbronn University

*Required fields

Call for application*

Personal Data

First name*

Name*

Date of birth*

Nationality*

Sex*

☐ male

☐ female

☐ diverse

Semester address

Street, house number*

(room, floor, if applicable)

Postal code*

Place*

Email address*

Phone number*

Home address (if different from semester address)

Street, house number

Postal code

Place

State

Send approval notice to* (if different from Email address)

Email address

Information about your studies

Matriculation number* _____

Faculty* _____

Course of study* _____

Desired academic degree _____

Standard period of study _____

Currently in semester of study* _____

ECTS credits earned to date _____

Degrees obtained to date

College/University _____

Completion of first degree _____

Grade (first degree) _____

Other scholarships/additional funding

Do you receive BAföG* ☐ Yes ☐ No

Other scholarships (public or private funding sources)* ☐ Yes ☐ No

If so, which funding agency?* _____

If yes, amount of funding* _____

Have you currently submitted another scholarship application to another funding organization?

☐ Yes ☐ No

If so, which funding organization? _____

I confirm that my information is complete and correct.

Place, date

Signature



HOCHSCHULE HEILBRONN

Declaration of participation

I hereby confirm that I have read and understood the attached data protection information. I also hereby declare my participation in the corporate scholarship program. I agree that, if a scholarship is awarded, my academic progress will be reviewed by the relevant department of the university after each semester and that this information will be made available to the scholarship provider. For this purpose, I will send the scholarship office a semester report, a current transcript of grades, and a current certificate of enrollment.

Personal information

Name, first name _____

Matriculation number _____

Course of study _____

Place, date

Signature

Privacy Policy

I expressly agree that my application documents may be processed by Heilbronn University as part of the selection process for a corporate scholarship. I am also aware that representatives of the company offering the scholarship and other university staff are involved in the selection process and will receive my application documents. Please note: If consent is not given or is revoked, the scholarship applied for cannot be granted or can no longer be granted.

I agree that if I am awarded the scholarship, my data will be stored by Heilbronn University for six years after the end of the funding period.

In the event that my application is unsuccessful, my application documents will be deleted by Heilbronn University, the hiring company, and the university staff involved in the selection process once the application process has been completed. Only the applicant's name, degree program, application semester, and address will be retained by Heilbronn University for one year.

I have read and understood the privacy policy. I hereby declare my consent, until further notice, that the information provided in my application may be passed on to the advertising company and to university staff involved in the selection process.

Place, date

Signature

Please send the application agreement and all required documents to:

stipendienstelle@hs-heilbronn.de