cjd Das Bildungs- und Sozialunternehmen

SCHOLARSHIP APPLICATION FORM
SCHOOL YEAR 2027/2028

CJD Braunschweig
Georg-Westermann-Allee 76
38104 Braunschweig

Please fill in all space carefully in block letters. Mark with a cross where applicable.

APPLICATION

☐ **Initial application** ☐ **Repeat application**

STUDENT

Last name of the student	Gender (m|f|d)	Receipt stamp
First name / School year / Year		
Date and place of birth		

TYPE OF SCHOOL

☐ Christophorusschule | Dr. Wilhelm-Meyer-Gymnasium ☐ Hans-Georg-Karg-Schule | Grundschule ☐ International School BS-WOB

PARENTS | LEGAL GUARDIANS

If there is joint custody ☐ yes ☐ no (Please provide supporting document)

Last name, birth name	First name	Date of birth
Street and house number		
Postal code, city		
Home phone	Business phone	Mobile
Email address		

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Street and house number		
Postal code, city		
Home phone	Business phone	Mobile
Email address		

DETAILS OF MARITAL STATUS

☐ single ☐ married ☐ permanently separated ☐ divorced ☐ widowed since:

OTHER SIBLINGS OF THE STUDENT ENTITLED TO CHILD BENEFIT

(from the 4th sibling onwards, please indicate on an additional sheet)

	1st sibling		2nd sibling		3rd sibling	
Last name, first name						
Date of birth						
Authorised custodian	☐ Mother	☐ Father	☐ Mother	☐ Father	☐ Mother	☐ Father

For all subsequent questions, the income situation in the penultimate calendar year before the start of the authorisation period is decisive, with the exception of the receipt of social benefits (e.g. unemployment benefit, citizen's allowance) - in this case always the current year.

INCOME TAX LIABILITY			
	YES	NO	
Have you already been assessed for income tax for the relevant year?	☐	☐	if yes, please enclose the complete tax assessment notice from the tax office. if no, please send it after receipt.
You have not yet received your tax assessment notice?	☐	☐	if yes, we need your income tax statement from the last calendar year from your employer for a provisional assessment. If you have an older tax assessment notice, please also enclose this.
Are you currently receiving wage replacement benefits in accordance with point 5 of the contribution regulations?	☐	☐	if yes, please send us the relevant proof.

INCOME				
Please fill in if an income tax assessment has not been carried out and will not be carried out.	Legal guardian 1	Legal guardian 2	Evidence attached	
			YES	NO
Income from non-self-employment	EUR	EUR	☐	☐
Income from self-employment (profit generated)	EUR	EUR	☐	☐
Income from agriculture and forestry	EUR	EUR	☐	☐
Income from trade business	EUR	EUR	☐	☐
Income from capital assets	EUR	EUR	☐	☐
Income from renting and leasing	EUR	EUR	☐	☐
Foreign earnings	EUR	EUR	☐	☐
Pension — Type of pension	EUR	EUR	☐	☐
Unemployment benefit/unemployment assistance/housing benefit	EUR	EUR	☐	☐
Sick pay benefit	EUR	EUR	☐	☐
Insolvency benefit	EUR	EUR	☐	☐
Short-time allowance	EUR	EUR	☐	☐
Compensation / Inheritance	EUR	EUR	☐	☐
Other income	EUR	EUR	☐	☐
TOTAL INCOME	EUR	EUR		
DEDUCTIONS				
Allowance of € 2,500.00 per dependent child	EUR	EUR	☐	☐
Special financial burdens	EUR	EUR	☐	☐
TOTAL DEDUCTIONS	EUR	EUR		
INCOME OF FAMILY CONSTELLATION				
Income	EUR	EUR		
TOTAL INCOME OF PARENTS | LEGAL GUARDIANS	EUR			

DECLARATION

I am aware that I am obliged to notify the management of the CJD Braunschweig immediately in writing of any change in my family and financial circumstances about which I have made a declaration here.

I confirm that the information I have provided is correct and complete and that I have enclosed all the documents available to me as proof.

Place, Date	Signature of the declarant 1
Place, Date	Signature of the declarant 2

ADDITIONAL DECLARATION FOR PARENTS WITHOUT INCOME

I am aware that I am obliged to notify the CJD Braunschweig management in writing without delay of any changes in my family and financial circumstances which are the subject of this declaration.

I declare that I had no income or earnings of my own in the relevant calendar year that would have to be declared in this form.

Place, Date	Signature of the declarant 1
Place, Date	Signature of the declarant 2

DATA PROTECTION CONSENT DECLARATION

I hereby confirm that I have taken note of the attached data protection information. I hereby give my consent for the personal data I have provided to be processed by the CJD Braunschweig for the purposes stated.

I can revoke this consent at any time for the future. It only requires the written form.

Place, Date	Signature of the declarant 1
Place, Date	Signature of the declarant 2