Application for Financial Assistance for the 2026 / 2027 Academic Year

Surname, first name	
Study program at FH Joanneum	
Matriculation number	
Planned duration of studies in Kapfenberg (in semesters)	
Date of birth	
Residence (address, ZIP-code)	
Phone number (in Austria)	+43 /
e-mail address	@edu.fh-joanneum.at
IBAN	
BIC	
Name of your financial institution	

1. Motivation and reasons for application:

2. Income (incl. proof)

	Monthly income in €
Student`s income	€
Father`s income	€
Mother`s income	€
Number of siblings (maintenance obligation on the part of the parents)	
Financial support from others	€
Other scholarships	€
TOTAL	**€**

3. Expenditures

Expenditures for housing (rent, electricity, heating, etc.) incl. proof	€
Expenditures for studying incl. proof	€
Costs of living (monthly Ø)	€
Other expenditures (Internet, phone,..) (monthly Ø)	€
TOTAL	**€**

4. Did you receive a scholarship from the FH Förderverein in the previous year?

YES ☐ NO ☐

We request the most recent last semester report be submitted as proof of academic achievement.

Your consent to processing data based on the declaration of consent attached is a prerequisite for processing your application. Revocation of consent at any time during your period of study will result in the loss of your financial assistance.

Date:_____ Signature:_____

Applications, including all supplements, are to be submitted **in an electronic form only** by December 15th 2026 by e-mail to manuela.kainzer@kapfenberg.gv.at.

Declaration of Consent

I consent to any personal data such as my name, date of birth, e-mail address, primary residence, place of residence during my studies, number of siblings, my parents' monthly income, my monthly income as a student, my monthly expenses as a student, my bank account details and the proof of my academic achievement being collected, processed and used by the Development Association for the University of Applied Sciences Kapfenberg for the following purposes listed and being made accessible to the constituent bodies of the association when processing my application. In addition, the name and address will be disclosed and transmitted to the members of the Association of Supporters of the University of Applied Sciences Kapfenberg, where they will also be processed and used for the following purposes:

- For processing the application up to three 3 years after granting the last financial assistance payment or, in the case of a rejection of the application, up to the time of receipt of said rejection,
- for any possible inquiries into the course of studies made to the respective study programs prior to and during the period of time the financial assistance is being granted,
- for the purpose of verifying the eligibility for the scholarship, in particular the ongoing enrollment at FH JOANNEUM Kapfenberg.

My attention has been drawn to the fact that any personal data gathered within the scope of the purposes listed above, will be gathered, processed, used, and transmitted in accordance with the requirements of the Data Protection Law.

I have moreover been informed that collecting, processing and using my personal data is to be done on a voluntary basis. Furthermore, that I may revoke my consent at any time with future effect, so that, starting with the receipt of my revocation, processing my personal data is no longer permitted. The legality of processing my personal data up to that point in time (revocation of permission) remains unaffected. My notice of revocation will be sent by means of a letter to the Development Association for the University of Applied Sciences Kapfenberg, Koloman-Wallisch-Platz 1, 8605 Kapfenberg.

In the event of a revocation any of my personal data will be deleted and the Development Association for the University of Applied Sciences Kapfenberg shall no longer have access to any of my data.

You may obtain information on your right of access to, correction of, deletion of, limitation to processing, transmitting and lodging a complaint with the data protection authorities at www.dsb.gv.at.

Kapfenberg, dated_____ Signature _____