

## Application for a grant to support a career-oriented internship and study-related stay

(Antrag auf Förderung von berufsvorbereitenden Praktika- und Studienaufenthalten (bPSA))

Period of stay : Start (date) \_\_\_\_\_ until (date) \_\_\_\_\_

Purpose of stay: Internship  Research / study  Job market information

**Please note:** This duly filled out and signed application form must be with STUBE Hessen 3 months ahead of the applicant's departure date, all necessary documents must be with STUBE Hessen **6 weeks before the applicant's departure date**. Only complete applications will be considered.

(reserved for STUBE Hessen administration)	<b>Eingang:</b>	<b>bPSA-Nr.:</b>
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Ms./Mrs.  Mr.  **All given names must be noted as documented in your passport!**

Surname(s): \_\_\_\_\_ Phone: \_\_\_\_\_

First Name(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (Street): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Postal code / City: \_\_\_\_\_ Place of birth / country of birth: \_\_\_\_\_

Place of study: \_\_\_\_\_ Nationality: \_\_\_\_\_

University: \_\_\_\_\_

Study course: \_\_\_\_\_ Semester: \_\_\_\_\_

Study focus: \_\_\_\_\_

Degree: Bachelor  Master  Others, please name \_\_\_\_\_

Responsible professor/university lecturer: \_\_\_\_\_

Destination of stay: \_\_\_\_\_ Length of stay: \_\_\_\_\_

Last visit to the home country (month / year): \_\_\_\_ / \_\_\_\_

Do you already receive a grant or scholarship? No  Yes

If yes, by which organization/institution: \_\_\_\_\_

Do you currently hold a job (to finance your studies)? No  Yes

If yes, please submit a working contract or a statement: employer / function / how many hours weekly/monthly)? \_\_\_\_\_

Do you have a foreign travel health insurance (valid outside of Europe)? No  Yes

If yes, please submit a copy of the insurance certificate! \_\_\_\_\_

**I have already enclosed the following documents and send them to:**  CV  
 Study report  
 Motivation Letter  
 Certificates/References

World University Service / STUBE Hessen  
 Goebenstr. 35  
 65195 Wiesbaden  
 Tel.: 0611-944 61 71 ; e-mail: stube@wusgermany.de

I, the undersigned, hereby apply for a bPSA grant for the above specified purpose. I declare that all information provided by me is true and correct. **My obligations, which result from receiving this grant, are known to me. Furthermore, I hereby affirm that I have no financial means or other means of support to finance this stay.**

Place, date	Signature
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