

Declaration on honour with regard to additional funding (Social Top-Up)

Students can obtain a **monthly supplement of 250 euros** in the form of additional “Social Top-Up” funding under certain conditions (potentially also combinable with Green Travel).

Please enter your details and sign the declaration on honour.

Last name, first name: _____

Destination country/city: _____ / _____

Duration of stay: from ___/___/___ to ___/___/___
Day/month/year Day/month/year

Top-Up (please only check one criterion as per your online application)

- I am a student with a child/children.

I will be taking at least one of my own children with me and they will remain with me for the duration of my stay abroad.

Proof: Birth certificate(s) of the child/children

- I am a student with a disability.

I have a degree of disability of 20 or more.

Proof: Disabled person’s pass

- I am a student with a chronic illness.

I have a chronic illness, which will incur additional costs while I am abroad.

Proof: Medical certificate including confirmation that you will incur additional costs while you are abroad due to your chronic illness

- I am a first-time academic.

Neither of my parents nor any guardians have a degree from a university, college or university of applied sciences nor have they graduated from a college of cooperative education either in Germany or abroad.

Proof: Informal statement about the educational qualifications of parents, scans of exam/leaving certificates

- I am a student in ongoing employment.

I have held an employment position (mini-job or job subject to social security contributions) for at least 6 continuous months directly before the start of my Erasmus stay. My earnings during these 6 months were between €450 – 850. I will terminate or suspend this employment during my stay abroad.

Proof: Certificate from the employer stating the duration of employment and amount earned

Declaration on honour

I hereby declare on my honour that I fulfil the conditions for receipt of the additional funding, possess corresponding proof of eligibility and can present this proof to the International Office promptly on request at any time within 5 years from signing this declaration.

Place and date: _____

Signature: _____

To be completed by the International Office

Funding	Month(s)/day(s)	Monthly/ daily allowance	Total amount
<input type="checkbox"/> Student with a child/children <input type="checkbox"/> Student with a disability <input type="checkbox"/> First-time academic <input type="checkbox"/> Student with a chronic illness <input type="checkbox"/> Student in employment	<div style="text-align: center;"> Month(s) <hr/> Day(s) </div>	<div style="text-align: center;"> €250/ €8.33 </div>	<div style="text-align: center;"> € _____ </div>

This information applies until the International Office publishes new regulations. As at: 15 November 2023