



Declaration of honour for additional funding in the Erasmus+ programme

l,							(last	name,	first	name)	born
				(date a	and place of	birth), here	by cor	nfirm tha	t I will s	spend my	study /
abroad	at	the	Erasmus+	partner	university					_ (nam	e) in
			(c	country) du	ıring			(period	d of sta	y).	
			ve received to				onal Fu	unding" a	ınd tha	t I am av	are of
meet t	he co	ndition	ly for the fo ns for this ac nce and that	cording to	the "Inform	nation shee	et on a	dditiona	l fundiı	ng", that	
	l wo	uld like	e to apply fo	r additiona	Il funding as	a student v	with ch	nild(ren).			
	l wo	I would like to apply for additional funding as a student with a disability.									
	l wo	I would like to apply for additional funding as a student with a chronic illness.									
		I would like to apply for additional funding as a student from a non-academic family background.									
	l wo	uld like	e to apply fo	r additiona	ıl funding as	a continuo	usly ei	mployed	studen	t.	

Since multiple funding is not possible, you can choose one of the additional grants if several criteria apply to you.

I have made all statements to the best of my knowledge and I acknowledge that in case of false statements I will have to repay the approved funds in part or in full to the Johannes Gutenberg-University Mainz.

Signatures						
Participant	Institution					
Last Name, First Name	Johannes Gutenberg-University Mainz					
	Lenka Tucek, Erasmus+ Institutional Coordinator					
Signature	- Huge					
	Mainz, 01.07.2024					
Place, date						

Please upload the signed document as a PDF to the MoveON-Online portal and keep the original document with your original signature.