

Application for Free Meals (Freitisch)

Information:

For HMTM Hannover students, applications for free meals (*Freitisch*) in cafeterias and catering services of the *Studentenwerk* Hannover will be accepted by AStA and passed on to the *Studentenwerk*. Allocation of meal plans follows biannually, on January 1st and July 1st. Only students in need of support are eligible to receive free meals. If, in a certain six months, there are more applications than available meal plans, the AStA will decide who will receive the plans, based on short conversations with the applicants. In this case, students in the most need will be preferred.

Each application for free meals must be submitted, in written form, to AStA by the respective due date, which is announced by AStA.

Free meals may not be received consecutively. This means that at least six months must pass between two successful applications.

Application Formula

I hereby apply for free meals (Freitisch) from the Studentenwerk Hannover for the next possible period of time, and, with my signature, confirm my need of free meals.

Name:

Student matriculation number:

Address:

Phone number:

E-mail address:

By signing this document, I verify that all of the information given above is correct.

Location, Date: _____

Signature: _____

Financial Information (Application for free meals)

Name:

Date of birth:

Major (area of study):

Current semester:

Have you received free meals before?

Yes No (check one)

If yes, when: July 1st - December 31th ____ / January 1st - June 30th ____ (fill in year)

Living situation:

With parents Shared flat Single apartment With partner (check one)

Income per month:

Part-time jobs/music lessons etc.: _____ €

Financial support from parents or other (monthly): _____ €

Scholarship money received per month: _____ €

Other income, i.e. concerts etc. (average earnings per month) (please include specific job description)

_____ € for

_____ € for

Total income: _____ €

Expenses per month:

Rent (if independently paid including utilities, monthly): _____ €

Health insurance (if not insured with family): _____ €

Phone/internet costs: _____ €

School supplies (monthly): _____ €

Other expenses (please include purpose):

_____ € for

_____ € for

Total expenses: _____ €

I assure that the information presented above is complete and correct and will, if requested, present evidence hereto.

Location, Date: _____

Signature: _____