

Academic Head Office
Uni-Social
Rue Techtermann 8
1700 Fribourg

Opening hours of reception :
Monday, Wednesday et Thursday
from 9 to 11am

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uni-social@unifr.ch
www.unifr.ch

APPLICATION FOR STUDENT FINANCIAL AID

APPLICANT :

Family name _____
First name _____
Student No _____
Date of birth _____ AHV No _____
Marital status unmarried married widowed separated divorced
Number of children _____ Date(s) of birth _____
Nationality _____ Residence permit _____
Arrival in Switzerland _____
Address / road _____
Postal code / place _____
Email _____
Phone _____ Mobile _____

Parent's address _____

STUDIES AT THE UNIVERSITY OF FRIBOURG :

Date of enrollment _____
Faculty _____
Field of study (major) _____
Number of completed semesters _____
Estimated duration to complete bachelor / master _____
Targeted diploma _____
Last exam _____ Date _____ Grade _____
Next exam _____ Scheduled date _____
Change of study field _____ Reason _____

EDUCATIONAL BACKGROUND :

Education _____
 Location _____
 Diploma _____
 Year _____

FAMILY AND FINANCIAL SITUATION :

Father : Family name _____ First name _____
 Marital status _____ Date of birth _____
 Occupation _____ Income net/monthly CHF _____
 Fortune (CHF) _____ IV, AHV, pensions, other (net/monthly) _____

Mother : Family name _____ First name _____
 Marital status _____ Date of birth _____
 Occupation _____ Income net/monthly CHF _____
 Fortune (CHF) _____ IV, AHV, pensions, other (net/monthly) _____

Number of siblings of applicant dependent on parents : _____

YOUR FINANCING OF THE ACADEMIC YEAR IN PROGRESS :

Scholarships « state » / municipality (CHF) _____ pending : yes
 Loans « state » / municipality (CHF) _____ state : _____
 Other scholarships/loan (CHF) _____ pending : yes
 Contributions from parents _____
 Contributions from third parties _____
 Income _____
 Pension (for example IV, ALV) _____
 Alimony _____
 Child allowances _____
 Income partner _____
 the total balance of all your accounts (Swiss and foreign) _____
 Do you own a vehicle ?
 yes no purchase price and year _____

YOUR MONTHLY EXPENSES :

Rent _____
 Health insurance _____
 Health insurance premium reduction yes no monthly payable amount _____
 Transport costs (to the University of Fribourg) _____
 Taxes (predisposition display) _____
 Child care expenses _____

A flat rate is calculated for housing and electricity, phone, insurance, tuition and study materials.

BANK OR POST ACCOUNT :

Name and location of the bank / post _____

Clearing No : _____ Account No : _____

IBAN No : _____

Name and location of the bank / post _____

Clearing No : _____ Account No : _____

IBAN No : _____

Name and location of the bank / post _____

Clearing No : _____ Account No : _____

IBAN No : _____

You must declare all your bank or post accounts, including your saving accounts in Switzerland or abroad.

Please indicate the name of the account on which you wish to receive possible financial aid : _____

THE FOLLOWING DOCUMENTS SHOULD BE ATTACHED TO THE APPLICATION :

- Confirmation of enrollment at the University of Fribourg
- Current certificate of study credits (ECTS) to date (signed by the Dean's Office)
- Copy of the rent contract
- Copy of healthcare policy and the current month's premium note
- The decision of the compensation fund office regarding subsidies
- Certificate of child care expenses (last 3 months)
- Tax statement; (from student, parents and/or spouse)
- Income statements of the last 12 months
- Decision of the scholarship / loan
- Proof of other income (various annuities, unemployment, donations, funds, etc.)
- Divorce settlement in case parents are separated/divorced or in case you are yourself separated/divorced
- Decision of the education allowance perceived by your parents
- Copy of your vehicle registration
- Bank/post statement of the last 12 months of all your accounts, including saving accounts

For the foreign student

- Confirmation of withholding tax of the last year (address : Service de l'impôt à la source, Rue Joseph-Piller 13, 1700 Fribourg)
- Copy of the guarantee for subsistence allowance by the guarantor to the Department of Population and Migrants
- Current copy of the resident permit

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED !

The application should be submitted at our office.

Additional remarks :

Duty to provide information

I hereby confirm that all information submitted is true and complete and that I have forwarded all required documents. I am aware that if I am granted financial aid based on submitted information that is wrong or incomplete regarding my financial or personal situation. I may be held criminally liable for fraud. I acknowledge that in such a case I will have to pay back all financial aid granted, including interests.

Duty to report any changes

I undertake to **immediately and spontaneously report** any material changes (relocation, work, concubinage, marriage, change in the studies) **of all people living in the same household**. The same applies to modifications (income and fortune) affecting people included in the budget calculations made by Uni-Social, as well as to new earnings, services and benefits of any kind received by insurances or third parties.

Duty to improve personal situation

I undertake to make every possible effort to improve my precarious financial situation. Furthermore, I must exercise all my legal rights, use the entirety of my earnings and my fortune and reduce my expenditures (for example my rent) as soon as possible. Also, if I am not pursuing any gainful activity, I will make every effort to find work and I may be asked to provide proof thereof.

By my signature, I declare to have understood and answered all questions truthfully.

Date : _____

Signature: _____

CERTIFICATION

By my signature, I approve that Uni-Social is authorized to request all additional information necessary from other services of the University (for ex. Office for Admissions and Registration, Financial Service) as well as from Apartis to fulfill its role.

Family name : _____

First name : _____

Place / date : _____ Signature : _____