**REQUEST FINANCIAL SUPPORT SOCIAL SERVICES OFFICE**

Personal data is collected from you in this form. Odisee is the controller of your personal data and can only process these data when you have given your consent by filling in your details. We recommend that you fill in the form as correct and as complete as possible. The more information you fill in, the better we can process and follow up your request. Your personal data will only be processed in order to check whether we can grant you financial support. Your data will be processed in an application from a software supplier of Odisee. You have the right to request the controller to obtain access, rectification or erasure of your data or to withdraw your consent. Such request can be directed to [els.jacobs@stuvobrussel.be](mailto:els.jacobs@stuvobrussel.be). For more specific questions about the protection of your personal data, you can contact the Data Protection Officer of Odisee via [privacy@odisee.be](mailto:privacy@odisee.be).

Name and first name:……….……….……….……….……….…………………………… Sex: Male / Female

Date of birth: ……../……../……………. Nationality: ……….……….……….……….……….……….

Official Address: ……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….………….

Student room address: …….……….……….……….……….……….……….……….……….……….……….……….……….……….………………………………

E-mail address: ……….……….……….……….……….…………………………………. Mobile phone: ……….……….……….……….…………..

Student number: ……….……….……….……….……….………. Belgian national number: \_ \_ \_ \_ \_ \_ - \_ \_ \_ . \_ \_

Bank account number student: BE\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

I want to be informed about possible student jobs at Odisee / KU Leuven Campus Brussel: Yes / No

1. **Current and /or previews studies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Secondary school degree obtained in ……………………………………………………… (year) | | | | |
| Overview studies after high school: | | | | |
| **ACADEMIC YEAR** | **UNIVERSITY** | **STUDY PROGRAM** | **REGISTERED CREDITS** | **OBTAINED CREDITS** |
| 2024 – 2025 |  |  |  |  |
| 2023 – 2024 |  |  |  |  |
| 2022 – 2023 |  |  |  |  |
| 2021 – 2022 |  |  |  |  |
| 2020 – 2021 |  |  |  |  |

* Add the detailed exam result of the previous academic years for studies outside our university (college)

1. **Student situation (tick the box that applies to your situation)**

* Dependent on parent(s)
  + Parents married
  + Single parent 🡪 Official address at: Father / Mother
  + Parents legally divorced/cohabitating since: …………..………………..
  + Father / Mother deceased in: …………………………
* Independent student living at home **(Officially you are dependent on somebody, but in reality you are self-supporting and you pay all your expenses yourself.**)
* Dependent on a third party: who: ……………….……………….……………….……………….since:………………………………………………….
  + This person is married since: …………………………………….
  + This person is legally divorced since: ………………………..
  + This person is actually divorced since: ………………………

1. **Study grant of the Flemish Community**

* No
* Yes (Add the decision letter/e-mail of the Department of Study Grants for this and/or past academic year)
  + Amount 2024 – 2025 (if already known): €……………….……………….
  + Amount 2023 – 2024: €……………….……………………………..
* I do not know *(Ask an employee of the Social Services’ office for a calculation)*

1. **Family situation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mention below all persons officially living on your address** | | | | | |
|  | **Name and first name** | **Date of birth** | **Activity, studies or profession** | **Dependent?** | **66% disabled?** |
| Dependent on: |  |  |  | YES / NO | YES / NO |
| Partner of person you depend on: |  |  |  | YES / NO | YES / NO |
| Other persons/siblings: |  |  |  | YES / NO | YES / NO |
|  |  |  | YES / NO | YES / NO |
|  |  |  | YES / NO | YES / NO |
|  |  |  | YES / NO | YES / NO |

Did any changes occur in your family situation (e.g. unemployment, divorce, decease, illness, …)? If yes, please specify the event(s) and date(s).

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1. **Financial information**
2. **Overview of your parents’/caretakers’ income**

|  |  |  |
| --- | --- | --- |
|  | | **FAMILY INCOME** |
| Person you depend on |  | €………………………… (net/month) |
| Partner of person you depend on |  | €………………………… (net/month) |
| Total amount child allowance |  | €………………………… (net/month) |
| Alimony |  | €………………………… (net/month) |
| Other types of income (CPAS, rent, …) |  | €………………………… (net/month) |
|  | | **FAMILY EXPENSES** |
| Loan or rent |  | €………………………… (per month) |
| Electricity and gas |  | €………………………… (per month) |
| Water |  | €………………………… (per month) |
| Internet, television and telephone costs |  | €………………………… (per month) |
| Medical expenses |  | €………………………… |
| Does your family has a car? |  | Yes / No |
| Exceptional costs or other (debts, high regular costs, except car loan) + justification |  | €………………………… |

**Please add the following documents to the request form:**

* a copy of the income tax statement with the family income of 2022, taxation year 2023
* a pay slip with the current monthly income and holiday pay (2024)
* an attestation with the overview for 2024 of received monthly amounts of unemployment benefit (paid by the union or HVW/ Capac), pension (National Pension Department), illness benefit (health insurance company), disability (health insurance company or ‘FOD Sociale Zekerheid’), integration income from the OCMW/CPAS, …
* proof of received alimony, child allowance, … (bank account transcript)
* proof of payment monthly rent or payment of monthly installment of a loan,…
* invoice of the monthly electricity, gas and water costs
* invoice of the internet, telephone and TV costs
* proof of exceptional or medical costs, debts, …
* in case of (collective) debt settlement: an attestation of your debt mediator

1. **If you are an actual self-supporting student**

You are officially dependent on another person, but in reality you pay for all your costs yourself. You have a minimum income per month to prove you are self-supporting. Please explain your situation in detail below:

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1. **Student budget** (ALWAYS complete this part, no matter which status you have)

|  |  |  |
| --- | --- | --- |
| **COSTS** |  |  |
| **Accommodation** |  | *Add a copy of your rental contract and recent invoices of the costs* |
| Rent | €………………………… (per month) |
| Electricity and gas | €………………………… (per month) |
| Water | €………………………… (per month) |
| Internet | €………………………… (per month) |
| **Mobile phone** | €………………………… (per month) |  |
| **Tuition fee** | €………………………… (per year) |  |
| **Transportation** |  | *Add a copy of your season ticket or proof of transport costs* |
| Train | €………………………… |
| Season ticket De Lijn (costs bus/tram) | €………………………… |
| Season ticket MIVB/STIB | **YES / NO** |
| Bike + maintenance | **YES / NO** |
| Books and course material | €………………………… (per year) | *Add your book list* |
| Study material | **€ 50 fixed sum** |  |
| ICT (Computer, printer, cartridges, …) | **€ 400 fixed sum** |  |
| Study trip | €………………………… | *Add your estimated costs* |
| Costs of internship (abroad) | €………………………… | *Add your estimated costs* |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Medical costs (not refunded by health insurance) | €………………………… | *Add invoices/pharmacy costs* |
| Other expenses (car loan not included) | €………………………… | *Specify and prove* |
|  | €………………………… |
| €………………………… |
| €………………………… |
| **INCOME** |  |  |
| Student job(s) | €………………………… | *Add pay slips* |

1. **Motivation of the request (Why are you asking for support?)**

Note: Please specify which kind of support you ask for and explain why. This support can have many forms: financial help for student accommodation, an intervention in the payment of your tuition fee, financial help for a study trip or other invoice(s) for study material or study costs, a specific amount, free use of a laptop from the university college, a short or long term loan, …

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***REMARK: Request forms that are not handed in personally without having talked to one of the staff members of the Social Services’ office, will not be handled.***

The requestor declares to have filled in this request form completely and honestly and will notify the Social Services’ office about all changes that take place after handing in this form.

Date Signature

………………………………………………………… …………………………………………………………

|  |
| --- |
| **Social Services office Campus Brussel**  Britt Van Cleven [britt.vancleven@stuvobrussel.be](mailto:britt.vancleven@stuvobrussel.be)   Els Jacobs  [Els.jacobs@stuvobrussel.be](mailto:Els.jacobs@stuvobrussel.be)  Marie-Odette Moreau  [Marieodette.moreau@stuvobrussel.be](mailto:Marieodette.moreau@stuvobrussel.be)  Marieke Steurs [Marieke.steurs@stuvobrussel.be](mailto:Marieke.steurs@stuvobrussel.be)  **General:** [socialedienst@stuvobrussel.be](mailto:socialedienst@stuvobrussel.be) or Tel. 02 210 13 19 |