Afbeelding met tekst

Automatisch gegenereerde beschrijving

# Request Form for an Erasmus+ Scholarship Top-up

**I,** (first name(s), last name(s) Click or tap here to enter text. , **born on** (date) Click or tap here to enter text. , **in** (city) Click or tap here to enter text., (country) Click or tap here to enter text., **hereby confirm that I will spend my studies abroad from** (date) Click or tap here to enter text., **to** (date) Click or tap here to enter text., **at the** (name of host institution) Click or tap here to enter text. **and that I am entitled to apply for the following top-up in the Erasmus+ programme because without this extra top-up funding I would not be able to go abroad as part of my study abroad programme (please tick which is most appropriate to your situation):**

**Participants with health barriers**

*(this includes physical, mental, intellectual or sensory impairments in interaction with various barriers, and/or health issues including severe illnesses and chronic diseases. This health barrier hinders your full and effective participation in society at TU Delft on the same footing as others, and prevents you from participating in the study programme abroad). Without this extra funding you would not be able to go abroad.*

**Participants from families with a lower basic income**

*Please check the* [*DUO calculation Tool Student Finance*](https://duo.nl/particulier/calculation-tools/calculation-tool-student-finance.jsp) *if you are eligible for a supplementary DUO grant and as such eligible for an Erasmus+ Top up. If possible, please attach proof of your supplementary grant from DUO.*

## This Top-Up is intended for students who face barriers that make mobility impossible without this additional support. Answer these two questions:

1. **What types of support do you currently receive to be able to carry out your daily activities at TU Delft (e.g.** [**Motor disabilities**](https://www.tudelft.nl/index.php?id=57119&L=1)**).**

Click or tap here to enter text.

1. **Why is your planned mobility not possible without the additional funding?**

Click or tap here to enter text.

## Declaration

**I have been informed about the conditions and criteria of the individual top-up and:**

have provided evidence as an annex to this request form;[[1]](#footnote-1)

or:

have not been able to provide evidence as an annex to this request form, because:[[2]](#footnote-2)

Click or tap here to enter text.

**I have completed this statement to the best of my knowledge and acknowledge that in the event of false statements, I will have to repay the approved funds in part or in full to Delft University of Technology.**

**Participant**

Name: Click or tap here to enter text.

Date: Click or tap here to enter text., place: Click or tap here to enter text.

Signature:



**Sending institution (if applicable)**

Name: Click or tap here to enter text.

Date: Click or tap here to enter text., Place: Click or tap here to enter text.

Signature:



1. 1 Please attach a medical statement. The statement needs to specify which health barrier applies and that it has impact on studies or international mobility. Evidence is only required in case a top-up is requested for participants with health barriers. [↑](#footnote-ref-1)
2. 2 In case a top-up is requested for participants with health or financial barriers and no evidence can be provided, please fill in this textbox. [↑](#footnote-ref-2)