

**International Federation of University Women
Special Committee for the Hegg-Hoffet Fund**

APPLICATION FORM

to apply for financial aid from the Hegg-Hoffet Fund

The fund provides short-term grants to university women who have been displaced as a result of war, political upheavals, natural disasters, or other emergencies. These grants may be allocated for reasons such as: refresher courses for re-entry into the candidate's professional field, language courses for integration into their new country, or courses necessary to pass required national exams.

IMPORTANT: Please PRINT clearly or type, in BLACK ink only, or use a computer.

1. Personal Data

Surname: _____

First names: _____

Dates of birth: _____

Place and country of birth: _____

Nationality: _____

Marital status (circle one): Married Single Divorced Widowed

Since what date have you lived in your present country? (dd/mm/yyyy) _____

Your present address: _____

Phone number: _____ Fax: _____

Email address: _____

Please list members of the family who currently live with you, including ages and relationships:

This application should be sent by email, courier, or mail to:

**Christel Moor
IFUW Hegg-Hoffet Fund
39 Nackington Road
Canterbury, Kent
CT1 3NP
United Kingdom**

moorchristel39@gmail.com

Tel: +44 1 227 458 829

2. Education

High School: _____

Post -secondary (include faculties and fields of study):

Degrees (obtained or expected), with name of granting university:

Professional qualifications, if any:

3. Work experience, if any:

4. Languages:

Understand

Speak

Read

Write

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(List known languages, and rate your abilities under each heading as Excellent, Good, Fair, Poor)

5. General information:

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Average Income (net pay): _____

Social Benefits, if any: _____

Grant Income, if any: _____

Husband's Average Income, if any: _____

Income of other relatives who live with you: _____

Any other income (specify): _____

Total monthly income from all sources: _____

Expenses (monthly):

Rent (or mortgage): _____

Food: _____

Utilities (heat, electricity, water, phone): _____

Fees, insurance, taxes: _____

Tuition, books: _____

Childcare, if applicable: _____

Clothing and shoes: _____

Transportation: _____

Other expenses (specify): _____

Total monthly expenses: _____

Please specify which organizations are helping you at present, and how long this help will last:

Amount of the minimal cost of living in your present country (monthly):

For one person: _____

For a couple: _____

7. Request for assistance from the IFUW Hegg-Hoffet Fund:

How much money is needed?: _____

For what will the money be used?

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- | | | |
|--|-----|----|
| - Completion of present course of studies: | Yes | No |
| - Language courses: | Yes | No |
| - Revalidation of professional qualifications: | Yes | No |
| - Cost of living | Yes | No |
| - Other purposes (specify): _____ | | |

How long will the financial aid be required (usually less than two years)?: _____

To what other organizations have you applied for financial aid and what were the results of your applications? _____

8. References:

Name, local address and phone number of three people who are **not family members**:

9. Verification:

The applicant confirms that the answers to all the above questions are true and complete

Date: _____ Signature: _____

Please attach a recent photo of yourself, and documents verifying your nationality, refugee status, degrees obtained, acceptance into course of studies, scholarships, employment, etc.