

**Application Form for the Covid-19 Assistant-Fund to Support Doctoral Students and  
Postdocs with Family Responsibilities  
from MArburg University Research Academy**

**Personal details**

Form of address:

Title:

Surname:

First name:

Date of birth:

Birthplace:

Children (number/age):

Are you a single parent:                      yes    no

**Home address**

Street, house number:

Postal code, city:

Phone:

E-mail:

**doctoral student**

**postdoc**

Department:

Institute/area of research:

Advisor:

Planned submission:

**temporary employed**

**permanently employed**

**Scholarship**

Scholarship sponsor \_\_\_\_\_

**Cost center to which the funds (in case of funding) are to be transferred**

No. of the cost center:

holder of the cost center:

**MARA-Membership:      yes**

**no**



I hereby confirm the accuracy of the information provided and assure that I have not had or have access to own third-party funds (personnel resources or material resources) from March 1 to November 30, 2020.

Date:

Signature:

Please save your application and send it along with all supporting documentation as

- a copy of the employment contract of the Philipps-Universität Marburg or the letter of approval for the scholarship
- a copy of the birth certificate of the children

to: [mara.foerderungen@uni-marburg.de](mailto:mara.foerderungen@uni-marburg.de).