**Erasmus+ Additional Funding**

Declaration on Honour

I, (first name, last name),   
born on (date), in (city/country), hereby confirm that I will spend my stay abroad at the following Erasmus partner university/internship provider .

I hereby confirm that I have received the “Information on Additional Funding” and that I am aware of the application conditions and criteria for additional funding.

**Application**

No multiple selection possible - If multiple options apply to you, please choose one.

I would like to apply for the additional support for participants with fewer opportunities of 250€ per month.

as a student with child(ren),   
 as a student with disabilities,

as a student with chronic disease,

**OR**

I would like to apply for real cost coverage

as a student with disabilities  
 as a student with chronic disease

I made all statements to the best of my knowledge, and I acknowledge that in the event of false statements, I will be required to repay all or part of the approved funds to Witten/Herdecke University.   
**I also undertake to keep the receipts for 5 years after my stay abroad and to submit them to the IO upon request.**

Location & Date Participant Signature