# Annex to the Personnel Questionnaire for Recipients of DFG Scholarships

**(Extension of the scholarship period)**

**To be completed by the scholarship holder:**

| Scholarship holder's first and last name | |
|---|---|

Names and dates of birth of children (if there are more than two children, please attach a separate page)

| Last name, first name | | Mailing address: | Date of birth | legal relationship to the scholarship recipient |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |

The birth certificate ☐ is enclosed ☐ will be hsubmitted later.

☐ I am applying for an extension of my scholarship for a maximum of 12 months because I
I have at least one child under 12 living in my household.

***or***

☐ Instead of the 12-month extension for _____ months, I would like to opt for the the "money-instead-of-time" rule and to extend the scholarship for _____ months (total max. 12 months).

The childcare costs are listed on a separate page
Together with the appropriate supporting documentation.

Bayreuth, [date] ..... .....
(Scholarship holder's signature)

SUBMIT GERMAN VERSION

***The University of Bayreuth is not liable for inaccuracies or mistakes in this English translation. In case of doubt, the German originals are to be used in a court of law.***