



Universität Hamburg

DER FORSCHUNG | DER LEHRE | DER BILDUNG

Department 4 - Research Management and funding  
Section 43 - Early Career Research Support  
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Eingang der Bewerbung  
  
Raum für amtliche Vermerke

### Application for a Doctoral Scholarship from the State of Hamburg (HmbNFG)

Please apply only if you are studying or intend to study at Universität Hamburg!

Please complete this form on a computer and send it to us including all necessary attachments in one single PDF file.

#### 1. Personal information

|   |                     |
|---|---------------------|
| <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. | Nationality:        |
| Last Name:  | First Name:         |
| Date of Birth:  | Age:                |
| Marital Status:   | Number of Children: |
| Address:  |                     |
| Tel. (work/private):                                      | Email:              |

#### 2. Scholarship for which you are applying

|   |  |
|---|--|
| <input type="checkbox"/> <b>Basic scholarship</b> (2 years)<br><br><i>OR</i>  | <input type="checkbox"/> Starting 1 April                            |
| <input type="checkbox"/> <b>Completion scholarship</b> (1 year)<br>(only in conjunction with employment as a teaching or research assistant, one year with no possibility of extension) | <input type="checkbox"/> Defer start of scholarship to: (MM/DD/YY)   |
| <input type="checkbox"/> Initial application  | <input type="checkbox"/> Reapplication. I already applied in (MM/YY) |

#### 3. Applicant's studies and university degree

|   |  |
|---|--|
| Date of final exam:<br>(for <b>basic scholarships</b> )<br><br><i>OR</i><br><br>Date employment contract ends:<br>(for <b>completion scholarships</b> ) | <ul style="list-style-type: none"> <li>▪ Type of degree:</li> <li>▪ Cumulative grade:</li> <li>▪ Subject combination:</li> <li>▪ Institution where degree was obtained:</li> </ul> |
|---|--|

#### 4. Doctoral study

|                                  |
|----------------------------------|
| Faculty, Department (Institute): |
| Subject of doctoral study:       |
| Dissertation topic:              |

#### 5. Doctoral advisor (must be from Universität Hamburg)

|                         |
|-------------------------|
| Name:                   |
| Department/Institution: |
| Email:                  |

#### 6. Second evaluation from

|                                  |
|----------------------------------|
| Name:                            |
| University/Department/Institute: |
| Contact address including email: |

#### 7. Other scholarships/stipends or applications

|   |
|---|
| For these same purposes, I have already:          |
| <input type="checkbox"/> applied for funding to . |
| <input type="checkbox"/> received funding from .  |

#### Enclosed documents:

- Nature of Occupation / Additional Gainful Work
- CV
- Copies of university degree certificate (including additional verification, where required)
- Proposal of intended doctoral project
- Reference from the first supervising professor of the dissertation (must be from Universität Hamburg)
- Reference from the second supervising professor of the dissertation
- Written proof of admission to doctoral studies (*Zulassung zur Promotion*) issued by Universität Hamburg (must be provided at the latest when the scholarship commences)
- Other:

I have informed myself about the prerequisites for doctoral studies in my faculty/department. I hereby commit to submitting all information necessary for determining the terms of a scholarship if my application is successful. I also commit to submitting my enrollment certificate (*Immatrikulationsbescheinigung*) subsequently, once issued. I am familiar with the Hamburg Act for the Promotion of Young Researchers and Artists (HmbNFG) and the regulations on the promotion of young researchers (HmbNFVO).

Date and place

Applicant's signature