

Honorary declaration for the grant for students and graduates with "fewer opportunities" for the Erasmus+ Traineeship Grant

I, _____, born on (dd/mm/yyyy) _____ in _____, hereby certify that I will spend my internship abroad at the internship institution _____ in (city, country) _____ and am eligible to apply for the following top-up for students and graduates with "fewer opportunities" under the Erasmus+ program (please check and see explanations on page 2):

Please check	Top-up	Amount of funding
<input type="radio"/>	Top-up for students and graduates with disability (from disability degree 20)	250 € / month
<input type="radio"/>	Top-up for students and graduates with child(ren) Number of children: _____	250 € / month
<input type="radio"/>	Top-up for students and graduates with chronic illness	250 € / month
<input type="radio"/>	Top-up for first-time academics	250 € / month
<input type="radio"/>	Top-up for working students and graduates	250 € / month

I have been informed about the conditions and criteria of each grant (see page 2) and I am aware that in addition to this declaration, I must submit the supporting documents listed on page 2 with my application.

I have provided all information to the best of my knowledge and acknowledge that I will be required to repay all or part of the approved funds to LMU in the event of any misrepresentation.

Date, place

Signature of applicant

Explanatory notes on the top-ups

- Top-ups are paid in addition to the regular Erasmus+ Internship Grant.
- All top-ups listed above can be combined with the Green Travel Top-Up.
- It is only possible to apply for one of the top-ups listed above, even if several target group characteristics apply.
- The lump sums are automatically considered when calculating your Erasmus+ Internship Grant.

Top-up for students with disabilities:

- Top-up is available from a degree of disability of 30 for UK and from a degree of disability of 20 for all other Erasmus+ countries.
- Note: the top-up for UK is lower because the funding comes from the old Erasmus generation.
- Proof is provided by submitting the severely disabled person's ID card, the notice from the state social welfare office or a medical certificate.

Top-up for students with child/ren:

- Please let us know if you have a child or children and are travelling with them.
- Proof is provided by submitting the child(ren)'s birth certificate and travel documents.

Top-up for students with chronic illness:

- Please provide proof of your chronic illness in the form of a medical certificate.
- The certificate must indicate that you are incurring additional costs due to your illness.

Top-up for first-time academics (students and graduates from non-academic parents)

- Top-up is for undergraduate and graduate students whose parents or caregivers do not have an academic degree from an institution of higher education.
- Proof is to be provided by submitting the additional honorary declaration on page 3 of this document.

Top-up for working students and graduates

- The top-up is for employed students and graduates who have to suspend their employment during the Erasmus internship or have to terminate their employment for the stay abroad.
- The employment must have been active for at least six months prior to the date of application for the Erasmus Internship Grant. In this regard, please note the application deadline of 4 weeks before the start of the internship.
- During the minimum period of employment, the monthly salary must be above 450 € and below 850 €. In case of several activities, the net earnings of all activities per month are added up.
- It must be an employment subject to social security contributions.
- Activities that are performed in self-employment are excluded.
- The employment may not be continued during the Erasmus internship, but must be paused or terminated.
- Proof must be provided by the corresponding salary slips and a declaration on honor regarding the pause or termination.

Additional honorary declaration for first-time academics

I, _____, born on (dd/mm/yyyy) _____ in
_____, hereby certify that my parents or caregivers do not have an academic
degree from an institution of higher education.

Date, place

Signature of applicant