**Bavarian Program for Promotion of Equal Opportunities**

**for Women in Research and Teaching**

**BGF Scholarship application form**

**due 1. May 2025**

1. **Application for**

[ ]  Scholarship for beginning a doctorate

[ ]  Scholarship for completing a doctorate

[ ]  Postdoc scholarship

[ ]  Habilitation scholarship

[ ]  Post-habilitation scholarship

[ ]  First time application [ ]  I have applied before [ ]  Application for extension

[ ]  Part time scholarship

I would like to receive funding for the period from **…………..** until  **.…………**

 DD/MM/YYYY DD/MM/YYYY

1. **Personal information**

2.1 Name, Surname: **…**

2.2 Date of Birth: **…**

2.3 Academic Degree: **…**

2.4 Nationality: **…**

2.5 **Contact information**

 Phone: **…**

 Email **…**

Street, house nr.: **…**

Zip Code, City: **…**

Country: **…**

[ ]  *If the place of residence stated above is not in Germany, I hereby declare that I will move my place of residence to Germany from the start of the scholarship at the latest and submit the address subsequently.*

**3. Banking information**

 Name of the Bank: **…**

 IBAN: **…**

BIC: **…**

Tax identification number[[1]](#footnote-1) (11 digit, not *„Steuer-Nr.“*) **…**

**4. Duration of the doctorate**

 Begin of the doctorate:……………… (estimated) completion:……….…..

 MM/YYYY MM/YYYY

**5. Information on children and maternity leave**

 Ich have children [ ]  no

 [ ]  yes (Please state names and dates of birth):

 **……………………………………………….…**

 **………………………………………………….**

**………………………………………………….**

 **………………………………………………….**

 [ ]  I hereby apply for the childcare allowance

 Maternity leave

 [ ]  no

 [ ]  yes, from **…………..** until  **……….…**

 DD/MM/YYYY DD/MM/YYYY

**6. Work at the time of the possible start of the scholarship**:

 Only permitted for doctorate scholarships up to a maximum of 40 hours/month.

[ ]  no

[ ]  yes (Place of work, amount of hours, duration of contract ) ………………………………………………………………

**7.**  **Mandatory teaching for the holders of postdocs, habilitation or post**

**habilitation scholarships to the extent of 2SWS per semester.**

The maximum permissible teaching commitment in addition to the scholarship is

4 SWS per semester.

…..SWS for [ ]  Winter term 2025/2026 [ ]  Summer term 2026

Course title:………….

…..SWS for [ ]  Winter term 2025/2026 [ ]  Summer term 2026

Course title:………….

…..SWS for [ ]  Winter term 2025/2026 [ ]  Summer term 2026

Course title:………….

**8. Scientific project for which the scholarship funding is requested**

8.1 Topic of the scientific project:

**…**

8.2 Subject area:

**…**

8.3 Start of work and expected completion:

**…**

8.4 If you are involved in a structured doctoral program, a doctoral college, a

 research project or a research network: Which one/s?**…**

**…**

8.5 If you are a doctoral candidate: Who is your supervisor during the funding period?

 (Name, faculty, institute at the University of Regensburg):

**…**

8.6 If you are postdoc: Where is your postdoc project located?

 (Professor, faculty, institute at the University of Regensburg):

**…**

8.7 If you are a habilitation candidate: What is the composition of your subject mentorate? (Members and chair, university(ies)):

**…**

8.8 Further academic career planning and career goal (if not already described in a cover letter supplementing the application):

**…**

**9. Previous interruptions or delays in academic work**

 *Please let us know if there have been circumstances that have led to an impairment or delay in your academic work (e.g. due to childcare, the consequences of the Corona pandemic, due to unforeseen or excessive teaching duties, due to care responsibilities in the family or due to a long illness or impairment).*

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**10. Other applications for funding**

*Have you applied for funding from other sources for the scientific project you are applying for? If yes, please state where and for which period. Were the application(s) successful?*

*Please note that it is prohibited to receive another grant simultaneously with the BGF scholarship.*

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**11. Declarations and signature**

*(Please print out this page, sign it and insert the scanned page into the pdf file of your application).*

 ☐ I confirm that the information I have provided is correct.

 ☐ In the event that the scholarship is granted, I will immediately notify both the Equal Opportunities Coordination Office and Department II/7 of the University of Regensburg of any changes to the above information.

 ☐ I hereby declare that I have read and understood the application guidelines and agree with them.

 ☐ I have read and agree with the data privacy statement in the applications guidelines.

 ................................................. .....................................................

 Date Signature

1. From March 1, 2024, the notification regulation obliges the University of Regensburg to report the tax ID of the recipient to the tax authorities when transferring scholarships, among other things. Recipients who are not resident in Germany can apply for their tax ID via the Regensburg tax office. The Equal Opportunities Coordination Office can help with further steps. [↑](#footnote-ref-1)