**Application for “Social Top-up” (Erasmus+) for Participants with Fewer**

**Opportunities**

|  |  |
| --- | --- |
| **Surname:** | **First Name:** |
| **Address:**  |
| **Phone Number:** | **Email:** |
| **Degree Program:** |
| **Home Country:** | **Home Institution:** |
| **Host Country:** | **Host institution:** |
| **Period of stay (Duration)****From: To:** |

* **I hereby apply for Erasmus+ additional funding for participants with fewer opportunities amounting to €250 per month**. The top-up can only be granted once.
* **I declare that one of the following criteria qualifying for additional funding (below) applies to my situation.** Supporting documentation listed below, is attached to my application for additional funding.

**Please tick only one box**

|  |  |
| --- | --- |
| [ ]  | Economic, Social, Cultural, Geographical or Health reasons |
| [ ]  | Migrant Background  |
| [ ]  | Disability and Educational Difficulties |
| [ ]  | Disability or chronic illness with additional financial needs abroad |
| [ ]  | Parent of a single-parent family |
| [ ]  | Orphan of two parents (not applicable for over 25 years of age) |
| [ ]  | Other (please specify) |
|  GDPR Policy Approval [ ]  |

**Required documents to follow your application**

1. Consent form
2. Certificate related to the chosen category
3. Additional certificate, document or proof.

**Signature / Date**