

Leuphana Universität Lüneburg  
Graduate School  
Yvonne Worthmann  
Scharnhorststr. 1  
21335 Lüneburg

### Request for Payment of Child Benefit

Last Name, First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Valid Home Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Current University Address (Building/Room): \_\_\_\_\_

I hereby request the payment of child benefit from \_\_\_\_\_ to \_\_\_\_\_ in accordance with the at a time relevant version of the Regulations regarding the Granting of Doctoral/Postdoctoral/Habilitation\* Scholarships of Leuphana University of Lüneburg for

my daughter/my son\* Last Name, First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

my daughter/my son \* Last Name, First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

my daughter/my son \* Last Name, First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please find attached the documents required for the request:

- ☐ Copy/copies of birth certificate(s)
- ☐ Copy/copies of proof of residence of the child
- ☐ Copy/copies of notification(s) of parental allowance indicating the amount and period of receipt of parental allowance
- OR
- ☐ I have not applied for parental allowance. /I do not receive any parental allowance.\*

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature

\* Please delete as appropriate