

ZWI PEREZ CHAJES SCHULE

Application for financial support to the IKG Vienna
for the school year **2025/2026**

Parent 1: _____ Date of birth: _____

Income: yes no

Email-Address: _____ Telephone: _____

Parent 2/Partner in the household: _____ Date of birth: _____

Income: yes no

Email-Address: _____ Telephone: _____

Single parent: yes no

Home address: _____

ZIP _____ Town: _____

Other persons in the household:

Name Date of birth

Income: yes no

in training: yes no
studying

Name Date of birth

Income: yes no

in training: yes no
studying

Name Date of birth

Income: yes no

in training: yes no
studying

Name Date of birth

Income: yes no

in training: yes no
studying

Name Date of birth

Income: yes no

in training: yes no
studying

Name Date of birth

Income: yes no

in training: yes no
studying

Name Date of birth

Income: yes no

in training: yes no
studying

Application for student/s:

Student 1:	Name	Date of birth	Class/school type
Student 2:	Name	Date of birth	Class/school type
Student 3:	Name	Date of birth	Class/school type
Student 4:	Name	Date of birth	Class/school type

We have the following income (domestic and foreign) and enclose the relevant evidence:

PLEASE MARK WITH A CROSS AND FILL IN THE FORM COMPLETELY:
otherwise a calculation is not possible

Parent 1

Parent 2 / Partner

<p>yes <input type="checkbox"/> no <input type="checkbox"/> EMPLOYED Last income tax assessment, confirmation of salary, payslip</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> SELF-EMPLOYED Last income tax assessment, private drawings, cash accounting scheme</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Pension, Rehabilitation allowance</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Unemployment income Unemployment benefit, unemployment assistance, subsistence allowance</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Social Welfare</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Alimony Alimony payments, child support</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Childcare allowance</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Rental income</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Other income: specify</p>	<p>yes <input type="checkbox"/> no <input type="checkbox"/> EMPLOYED Last income tax assessment, confirmation of salary, payslip</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> SELF-EMPLOYED Last income tax assessment, private drawings, cash accounting scheme</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Pension, Rehabilitation allowance</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Unemployment income Unemployment benefit, unemployment assistance, subsistence allowance</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Social Welfare</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Alimony Alimony payments, child support</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Childcare allowance</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Rental income</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> Other income: specify</p>
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After assessing your proof of income and the Declaration on page 4, that your income and assets are accordingly low and your eligibility of further state support is evident, the social work team at ESRA can assist you.

Would you like a social worker to contact you in this case? yes no

Date signature parent 1

Date signature parent 2 / Partner

Please print out the form (4 pages), fill it in, sign it and send it to us together with all current and complete documents by **March 31st, 2025**.

E-Mail / Mail to: ikg-stip-zpc@esra.at (as jpg or pdf - **max. 10 MB total**)

ESRA Psychosoziales Zentrum
Tempelgasse 5
1020 Wien

Application Period: February 1st – March 31st, 2025
Your application cannot be processed thereafter the deadline

Information on data protection:

Responsible for data processing is ESRA Psychosoziales Zentrum, Tempelgasse 5, 1020 Vienna, E-Mail: datenschutz@esra.at You can reach our data protection officer at datenschutzbeauftragter@h-i-p.at.

In order to process your application your data will be forwarded to the responsible committee to the Jewish Community Vienna (Israelitische Kultusgemeinde IKG), Seitenstettengasse 4, 1010 Vienna, for assessment of a possible scholarship at the ZPC School, Simon-Wiesenthal-Gasse 3, 1020 Vienna.

Purpose of processing: Administration of applications and processing of financial support including automatically created and archived text documents (such as correspondence) in these matters.

Legal basis: Fulfilment of a contract or implementation of pre-contractual measures.

Storage period: We only process your data for as long as is necessary for the fulfilment of the contractual relationship or due to legal obligations (such as retention obligations under tax and company law). As a rule, we store your data for seven years.

Rights of data subjects: You have the right to the information about the stored data in accordance with Art 15 GDPR, to the rectification of inaccurate data in accordance with Art 16 GDPR, to the deletion of data in accordance with Art 17 GDPR, to the restriction the processing of data in accordance with Art 18 GDPR, to the data transfer in accordance with Art 20 GDPR, to the objection to unreasonable data processing in accordance with Art 21 GDPR and to lodge a complaint with the Austrian Data Protection Authority.

Date _____

Signature Parent 1

Signature Parent 2 / Partner

DECLARATION OF OTHER INCOME

for financial support for the ZPC school fees

Parent 1

First name: _____

Surname: _____

Address: _____

Number of people in the household: _____

Parent 2 / Partner

First Name: _____

Surname: _____

Adults: _____

(incl. adult children)

Children: _____

Please answer all questions and sign the declaration!

I hereby truthfully declare that I and the persons living with me in the same household do not receive any other income pursuant to § 2 or 29 of the Income Tax Act 1988 or any foreign income other than the proof of income provided.

Furthermore, I confirm that I and all persons living in the same household

1) own assets (cash, savings) which exceed the amount of € 7.254,06 (single parent) or € 14.508,12 (married couple, co-habiting couple) according to the law of guaranteed minimum income (WMG-VO 2025) JA NEIN

2) own real estate, properties (apartment, house) JA NEIN

If 2) yes, please fill in additionally:

a. We own a condominium (house), we live in it ourselves, it serves our urgent housing needs. JA NEIN

DECLARATION OF CONSENT

I agree that between the Jewish Community Vienna (Israelitische Kultusgemeinde IKG), the association Tmicha, Seitenstettengasse 4, 1010 Vienna and ESRA Psychosoziales Zentrum, Tempelgasse 5, 1020 Vienna, all information from my client documentation (personal data such as name, address, telephone, social and financial situation) may be exchanged reciprocally. The information may only be passed on and requested for the purpose of my application for financial support.

I may revoke this consent at any time by writing a letter to Esra, Tempelgasse 5, 1020 Wien, by sending an E-Mail to datenschutz@esra.at or by phone 01/214 90 14. This does not affect the legality of the processing until the time of revocation.

Vienna, _____

Signature parent 1

Signature parent 2/Partner

Information sheet for the ZPC School scholarship application

Please fill out the form completely and submit all necessary documents sending your income in order for your application to be processed.

Page 1

Parents and their partners who live in the same household as the schoolchild must be entered. If the second parent does not live in the same household, please be sure to indicate on page 2 under the item ALIMONY whether you receive child support from the parent who lives separately and provide the relevant evidence.

Single parent:

You are a single parent if you live neither with the parent nor with a new partner in the same household.

Other persons in the shared household:

Please list all persons living in the shared household and specify whether they have an income. If they have an income, please provide complete and up-to-date evidence of this.

Children of full age who are still in education and live with you will be taken into account as children when calculating the scholarship. Please therefore also submit training certificates.

Page 2

Pupil application

Please fill in the names, date of birth and school type/class of all children attending the ZPC school.

Income and supporting documents

The questions regarding income must be answered in full for each parent/partner in the joint household. Please tick YES for each question if you have the relevant income or NO if you do not have such income. Please enclose complete and up-to-date proof of income.

Please note that by signing the DECLARATION OF OTHER INCOME (page 3), you confirm that all the information provided is correct and that you have enclosed all the supporting documents.

Page 4

Declaration of other income

In order to assess how an awarded scholarship can be paid out, it is necessary that you fill in the form completely including the appropriate boxes.