# Applicant’s history of funding

## Please only fill out this form if you have received financial support by the Kurt-Hiehle-Foundation before!

## Applicant:

|  |  |
| --- | --- |
| Surname, name |  |
| Street |  |
| Postcode |  |
| Phone (mobile) |  |
| Email address |  |

## History of previous funding:

**Fund 1:**

|  |  |
| --- | --- |
| Following the application from (date): |  |
| Sum of fund in Euro: |  |
| Payment of fund (month/year): |  |

**Fund 2:**

|  |  |
| --- | --- |
| Following the application from (date): |  |
| Sum of fund in Euro: |  |
| Payment of fund (month/year): |  |

**Fund 3:**

|  |  |
| --- | --- |
| Following the application from (date): |  |
| Sum of fund in Euro: |  |
| Payment of fund (month/year): |  |

|  |  |
| --- | --- |
| **Overall sum of all previous funds:** |  |

## Signature of Applicant:

|  |  |
| --- | --- |
| Signature |  |
| Date |  |