

- FINANCIAL STATEMENT - 2010
 For married student grantees only
 Not applicable for Professors and Teaching Assistants

Complete this form and (e-)mail it to:
 americanprograms@fulbright.de
 FULBRIGHT-KOMMISSION
 Oranienburger Str. 13-14,
 10178 Berlin, Germany

Name of Grantee: _____

- A) American Fulbright student grantees who intend to have their dependents accompany them to Germany are required to certify their ability to maintain their dependents abroad and to pay for their travel. Student grants cover the expenses for the grantee only. Eligible married student grantees may receive spouse allowance benefits (Euro 276 per month and health insurance). This allowance is intended to cover a smaller part of the costs of the spouse's living expenses in Germany and will be suspended if the spouse has or accepts a remunerative position in Germany. The amounts shown below are the minimum which the Commission requires you to have available. There are no Fulbright allowances for children, unfortunately.
- B) Which dependents will accompany you to Germany?
 Give name, relationship, date of birth:

	Name	Relationship	Date of Birth
Spouse:			
Child			
Child:			
Child:			
Child:			

- C) These amounts are needed per person in addition to the Commission's spouse allowance (please check), according to your dependents' situation.

1) Minimum Maintenance for spouse needed: \$ 2,500/10 months - thus my needs are: \$ _____

2) Minimum Maintenance for each child is: \$ 2,000/10 months - thus my needs are: \$ _____

3) Total round-trip transportation costs for all family members: \$ _____ give costs

4) Anticipated total costs for family: \$ _____*

*This amount must be covered by you. Please do not deduct the Fulbright Commission's spouse allowance from the amount above.

- D) Please identify your funding sources for the above total amount (C4):

Source: _____ Amount: _____

- E) I certify that the above information is correct, and I recognize that the enactment of the Fulbright Grant is contingent upon the availability of required funds for my dependents for the grant period in accordance with the Commission's requirements.

 Signature

 Date

If you send this electronically your signature on the Fulbright grant document will cover this signature also.