

ACADEMIC YEAR 2023-2024

APPLICATION FOR INDIVIDUAL ASSISTANCE FSDIE

#### (Solidarity and Development Fund for Student Initiatives)

#### FILE N°…………………

(reserved for the administration)

|  |
| --- |
| **Last name :** |
| **First name :** |
| **Sex : F. M.** |
| **City of birth :**  |
| **Country :** |
| **Nationality :** |
| **Address** :  |
| **Zip Code** : |
| **City** : |
| **Phone :**  |
| **E-mail address :**  **@**  |
| **Student number :**  |
| **Social security number (mandatory) :** |

FILE N° : ……………………………………. (reserved for the administration)

**PERSONAL INFORMATION**

**Date of birth :**

 **Single Married In couple Divorced**

Bachelor’s degree or equivalent : Date of graduation :

Honors : Series :

**ACADEMIC SITUATION**

**Prepared degree : …………………………………………………**

**Faculty : ……………………………… Geographic location : …………….……………..……….**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Previous studies in higher education | Diploma | **Institution** | **Odd semester results** | **Even semestrer results** | **Scholar-ship holder** |
| Year N-1………….. |  |  |  |  |  |
| Year N-2………….. |  |  |  |  |  |
| Year N-3………….. |  |  |  |  |  |
| Year N-4………….. |  |  |  |  |  |
| Year N-5………….. |  |  |  |  |  |

**FINANCIAL SITUATION**

**You live: with your parents  in a personal housing Other (please specify) :**

**1 – Of the family:**

**Family situation:**

Total number of children: in high school: in college: Other dependents:

**Resources**

|  |  |  |
| --- | --- | --- |
|  | **Profession** | **Salaries or income** |
| **Father** |  |  |
| **Mother** |  |  |

**Reference taxable income (or annual income) of the family: ………………**..**€**

FILE N° : ……………………………………. (reserved for the administration)

**2 – Of the student :**

|  |
| --- |
| RESOURCES |
| **TITLE** | **PER MONTH** | **PER YEAR**  | **Comments** |
|  Institutional aid (scholarship) |  |  |  |
|  Family assistance |  |  |  |
|  Alimony |  |  |  |
|  Salaried activity (employment) |  |  |  |
|  Housing aid |   |   |  |
|  Other resources |  |  |  |
| TOTAL |   |   |  |
| EXPENSES |
| **TITLE** | **PER MONTH** | **PER YEAR**  | **Comments** |
|  Rent |   |   |  |
|  Food |   |   |  |
|  Transportation |   |   |  |
|  Telephone |  |  |  |
|  Health |   |   |  |
|  Schooling |  |  |  |
|  Supplies |   |   |  |
|  Home or car insurance |   |   |  |
|  Housing tax |   |   |  |
|  Security deposit |   |   |  |
|  EDF - GDF |   |   |  |
|  Debts / Overdraft |   |   |  |
|  Other expenses |  |  |  |
| TOTAL |   |   |  |

**AMOUNT REQUESTED FROM THE COMMISSION : €**

FILE N° : ……………………………………. (reserved for the administration)

OPINION OF THE SOCIAL ASSISTANT

**After interview, Mr./Ms …………………, CROUS social assistant, gives a(n) :**

 **Favourable opinion Reserved opinion Unfavourable opinion**

**to the request for individual assistance FSDIE.**

**Comments :**

**Suggested amount :**

 On :

 Signature :



**Authorization to use personal data**

In accordance with the General Data Protection Regulation (GDPR), I, the undersigned:

Name :

First name :

accept that my personal data cited below will be used as part of the processing

from my file.

**Name :**

**First name :**

**Date of birth :**

**Civility:**

**Address :**

**Email:**

as well as my banking references.

 Signature

CONSTITUTION OF THE FILE

1. **Fill out this application form for individual assistance FSDIE**
2. **Make an appointment with a CROUS social assistant to get their opinion**

Appointments can be made on <https://mesrdv.etudiant.gouv.fr/fr>

**Documents that have to be presented to the social assistant during your appointment** (this information is confidential and will remain in the CROUS social service file) :

 last income tax notice : of the parents, of the student (if applicable),

 all proof of income of the student and/or his/her parents,

 3 last account statements of the student and/or his/her parents,

 bank balance corresponding to the date of application,

 all supporting documents directly related to the application for individual assistance,

 the application for individual assistance FSDIE for the « opinion » part to be filled out by the social assistant.

1. **Send your file by e-mail or drop it off at your Student Life Office (BVE)**

The application and all the required documents must be sent by e-mail or dropped off at your BVE according to the deadlines of the application calendar.

The dates are to be found on the AMU website: <https://www.univ-amu.fr/fr/public/aide-sociale-fsdie>

**Any incomplete file will not be examined by the Commission**

**List of documents to be provided to your BVE for examination by the Commission:**

 explanatory letter (without mentioning your identity) with reasons, addressed to the President of the University (on ONE PAGE maximum)

 student card or school certificate for the current year,

 semestrial results in higher education (from previous years and from the current year at Aix-Marseille Unversity and outside Aix-Marseille University),

 RIB ou RIP (bank or postal identification statement) in the student’s name

 Authorization to use personal data, completed and signed

 application for individual assistance FSDIE, completed and including the opinion of the social assistant



**For any financial aid against the digital divide (computer), an invoice must imperatively be sent to the social assistant.**

**Student Life Offices (BVE)**

**MARSEILLE**- **St Charles – Canebière - Colbert – Ilot du Bois** :

Contacts : dvec-bve-mh-campus-marseille-centre@univ-amu.fr Tel : 04 13 94 27 96

3 place Victor Hugo, 13331 Marseille Cedex

- **Etoile** (St Jérôme) :

Contacts : dvec-bve-mh-campus-etoile@univ-amu.fr Tel : 04 13 94 52 00

52 av. Escadrille Normandie Niémen 13013 Marseille
- **Luminy** :

Contacts : dvec-bve-mh-campus-luminy@univ-amu.fr Tel : 04 13 94 20 95,

Bâtiment « Hexagone », 163 av. de Luminy - 13288 Marseille Cedex 09

**- Timone :**

Contacts : dvec-bve-mh-campus-timone@univ-amu.fr Tel : 04 13 94 27 95

27, bd Jean Moulin 13385 Marseille Cedex 05
**AIX-EN-PROVENCE**Contacts : dvec-bve-mh-campus-aix@univ-amu.fr Tel : 04 13 94 22 77

Bâtiment " Le Cube", 29 av. Robert Schuman, 13621 Aix-en-Provence cedex 1