



Request for Family Supplement in Accordance with § 4.1 LGF M-V

I request the *Familienzuschlag* (Family Supplement) for the following child(ren)
(please enclose their birth certificates as an appendix)

Name:

First Name(s):

Address:

The term children also includes the persons described in § 2.1 of the *Bundeskindergeldgesetz* (Federal Child Benefit Act) made public as of 28th January 2009 (BGBl. I p. 142, 3177) which was last amended through article 8 of the Act on the 22nd December 2009 (BGBl. I p. 3950). The supplement will be paid for each child on a monthly basis, pursuant to § 4.1 of the *Landesgraduiertenförderungsgesetz* (Act on State Graduate Funding).

I assure that this child is in my care and lives in my household.

I am aware that the family supplement pursuant to § 2 LGFVO M-V will only be granted once, even if both parents are receiving a scholarship pursuant to the *Landesgraduiertenförderungsgesetzes* (Act on State Graduate Funding) or regulations that have goals that correspond with those of the state's graduate funding act.

Name of the parent who is applying for the family supplement:

Name:

First Name(s):

Address:

Family supplement is being requested for the period from: to:

.....

Town, Date

Signature