EDUCATIONAL BACKGROUND FORM

KWF-Product »vor.GRÜNDEN« 2025

Personal Information of the Founder

This form must be completed individually by each prospective founder and returned to the funding client in original signed form by the end of the submission deadline.

# Contact Details

Name (Title, First Name, Last Name):

|  |
| --- |
| Klicken oder tippen Sie hier, um Text einzugeben. |

Address:

|  |
| --- |
| Klicken oder tippen Sie hier, um Text einzugeben. |

Phone:

|  |
| --- |
| Klicken oder tippen Sie hier, um Text einzugeben. |

Email:

|  |
| --- |
| Klicken oder tippen Sie hier, um Text einzugeben. |

# Academic Qualification(s) and Additional Relevant Education or Training for the Start-up Project

|  |  |  |
| --- | --- | --- |
| Field of Study / Topic: | Start Date: | Graduated with: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Are you currently enrolled at a university or university of applied sciences?

Yes  No

If yes:

|  |  |  |  |
| --- | --- | --- | --- |
| University / University of Applied Sciences: | Field of Study |  | Start Date: |
|  |  |  |  |

# Entrepreneurial Activities and Company Holdings

## Are you a shareholder in any other company?

Yes  No

## Are you already engaged in entrepreneurial activities (valid business license, etc.)?

Yes  No

If yes to either 4.1 or 4.2:

|  |  |
| --- | --- |
| Company: | Extent of Ownership / Involvement: |
|  |  |
|  |  |
|  |  |

## Professional Background

Please describe your education, previous academic work, employment history, etc. (including duration, job responsibilities, research topics worked on, etc.). Explain how your knowledge and practical experience are relevant for the successful implementation of the start-up project.

|  |
| --- |
|  |

Please attach a current CV to this form.

# Declaration

I hereby confirm that the information provided is complete and truthful.

………………………………………, on …………………………………………

..……………………………………………………

Signature of the prospective founder