**APPLICATION FORM**

**REQUEST OF FINANCIAL SUPPORT TO THE APEEE IV SOCIAL FUND**

**NAME of student/class/ section OR school community member:**

**NAME of applicant parent (if beneficiary is a student under 18 years of age)**

Family situation: married/registered partnership/single parent/other (please specify)

Professional situation:

EU official (grade):

EU contractual agent (function group):

EU temporary agent (grade):

Other EU agent (please specify):

NATO/Eurocontrol agent:

Member of an EU Member State Permanent Representation:

Other professional activity (please specify):

Unemployed:

Other (please specify):

Monthly net income, including family allowance and alimony (in EUR):

Monthly rent or mortgage payment (in EUR):

Monthly loan payments (in EUR):

Health situation (if relevant – please provide details):

Applying for one of the following costs (put a cross before the chosen option):

1. **School fees**
2. **Obligatory equipment (e.g. Bring Your Own Device)**
3. **Obligatory school trips**
4. **Extracurricular educational activities: (e.g.: Eurosport, Model United Nations, Model European Council, Olympiade, etc).**
5. **School transportation**
6. **School canteen**
7. **Other costs**

Reason for application:

Total cost of the activity for which assistance is requested:

Amount requested:

**Supporting Financial Information: pay slips of the parents and if applicable other household members, supporting document for rent, mortgage and other loans and household composition document (“attestation de composition de ménage”).**

*Please supply detailed information justifying the reason for the request.*

Supporting documents: please indicate which supporting documents you are attaching to this request.

The undersigned certifies that all information contained in this request is correct and corresponds to the truth.

The undersigned accepts that the personal information provided herein will be used for the purposes of assessing the demand, subject to applicable confidentiality and data protection rules.

The undersigned accepts that financial assistance granted on the basis of false declarations will be claimed back.

 *Signature of the parent(s) (if the beneficiary is a pupil below 18 years of age):*

 *Signature of the pupil (if over 18 years of age):*

*Date:*