**APPLICATION FORM**

**REQUEST OF FINANCIAL SUPPORT TO THE APEEE SERVICES’ SOLIDARITY FUND**

**NAME of student/class/ section**

**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):

Second parent:

 Professional situation

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

Monthly rent or mortgage payment (in EUR):

Health situation (to the extent that it affects work income or, substantially, household expenditure - in this case, please provide details):

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

[ ]  **School transport**

[ ]  **School canteen**

[ ]  **After-school activities**

[ ]  **Garderie**

[ ]  **Other costs (please specify):**

Reason for application:

Total cost of the activity for which assistance is requested:

Amount requested:

**Please provide supporting documents and additional information in support of your application, such as pay slips of the parents or other household members if applicable.**

**The SFC may also require supporting documents for rent (rental lease and extract from bank transfers for the last 3 months), mortgage loan and household composition document (“attestation de composition de ménage”).**

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 applicant (if over 18 years of age):*

*Date:*