

File No. ....

**CONFIDENTIAL**

**RADIOMARATHON FOUNDATION MANAGEMENT COMMITTEE**  
**Application for support for children with special needs**

---

**I am aware that the following statements are subject to review and that if they are not correct application will be rejected.**

**1. Name and surname of parents or other person who has assumed guardianship of the child (State what).**

(a) Father: ..... ID No./A.R.C. .... Age.....

Occupation: (in the case of an employee, also indicate the employer) .....

.....Tel. Mobile: .....Tel. Work: .....

(b) Mother: ..... ID No./A.R.C. .... Age.....

Unmarried/widowed/divorced/separated .....

Profession: (in the case of an employee, indicate the employer) .....

..... Tel. Work: .....

(c) Address of Residence: .....

Postal Code..... Province..... Home Tel.: ..... Tel. Mobile: .....

contact e-mail .....

**2. Data on the child or children with special needs, in need of assistance.**

	Name	Date of Birth	Place of study/ Employment	Problem	Identity number
1.	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....

**3. Register the rest of the minor and/or dependent family members (brothers – sisters)**

	Relationship	Name	Age	Place of study/ Employment	Identity number
1.	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....
4.	.....	.....	.....	.....	.....
5.	.....	.....	.....	.....	.....

**4. Special needs and estimated expenditure for which the application is submitted.**

.....  
.....  
.....

**5. Have you applied for an assistance in the Radiomarathon before? Yes  No**

See on the back

**6. Monthly income:**

1. From a father's work (declare monthly income & attach a earnings certificate from Social Insurance)
2. From a mother's job (declare monthly income & attach earnings certificate from Social Insurance)
3. Invalidity pension for parents or old age pension from Social Insurance.....
4. From rentals.....
5. Public Assistance or Guaranteed Minimum Income for a child or children.....
6. Severe motor disability allowance and/or childcare allowance or childcare allowance .....
7. Public Assistance or Guaranteed Minimum Income for ..... family
8. Child allowance.....
9. Other (e.g. single parent allowance or maintenance or pensions or aids from Associations)

€

**7. Savings (if any) Describe:**

.....

**8. Real Estate (e.g. house, fields, etc.), Describe if there are any :**

.....

.....

**9. Financial obligations:**

Rent (please provide a copy of the rental document or proof of payment) .....

Expenses for children with special needs.....

Total debts.....

Instalments in debt.....

Other – (specify what) (1) .....

(2) .....

**10. Specify any certificates (doctors, therapists or invoices, etc.) submitted with the application.**

.....

.....

**11. Is the husband or wife covered by any Health Insurance provided by the employer, or Trade Union, or Private Insurance Company etc. (except any Government Plans)? If YES, please declare.**

.....

**12. I declare that the above is true.**

Signature.....

Date.....

**NOTE. If the form is not completed in full, the Foundation will not be able to examine it.**