



**APPLICATION FOR
REPAYMENT OF EXCEPTIONAL EDUCATIONAL COSTS
2000/2001**

Personnel No _____

Surname and first name.....
Nationality..... Grade/step
Institution Place of employment
Office address Office tel.
..... Private tel.
Bank Account No

Basic salary of applicant^(*)
(indicate if part-time activity : YES – NO)
Spouse's net annual salary^(*)
(from 1.6.2000 to 31.5.2001)

Maintenance payments received by
spouse and/or applicant^(*)
(from 1.6.2000 to 31.5.2001)

Number of dependent children

Children in respect of whom I am applying for a repayment:

Surname/First name	Sex	Date of birth	Annual education costs ^(*)

Are you entitled to repayment under budget heading A-4103
(Aid for disabled persons)? YES/NO
or from the sickness insurance? YES/NO
If YES, please enter name(s) of child(ren) concerned.
Surname/first name

Place Date Signature

(*) PLEASE ENCLOSE ALL SUPPORTING DOCUMENTS !