



**APPLICATION FOR  
REPAYMENT OF EXCEPTIONAL EDUCATIONAL COSTS  
2001/2002**

Personnel No \_\_\_\_\_

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

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Basic salary of applicant<sup>(\*)</sup> .....  
(indicate if part-time activity: YES – NO)  
Spouse's net annual salary<sup>(\*)</sup> .....  
(from 1.6.2001 to 31.5.2002)

Maintenance payments received by  
spouse and/or applicant<sup>(\*)</sup>  
(from 1.6.2001 to 31.5.2002)

Number of dependent children .....

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

Surname/First name	Sex	Date of birth	Annual education costs <sup>(*)</sup>

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 .....

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**(\*) PLEASE ENCLOSE ALL SUPPORTING DOCUMENTS !**