

Recipient

Stadtgemeinde Schwechat
STAD - Gesundheit und Soziales
Rathausplatz 9
2320 Schwechat
Telefon: 01/70 108 DW265
soziales@schwechat.gv.at

SCHWECHAT

Mandatory fields are marked with *.

Förderung "Mach mit! Sei dabei!"

One-time maximum of €100 per child & school year

Child's / Children's Information

Last Name *	First Name *	Date of Birth *

Parents' / Guardians' Information

Last name*	First name *
Address *	
Phone *	E-Mail *

Monthly Household Income of all Family Members

(All income from self-employment and employment, maintenance payments, special emergency, parental leave, and childcare allowance, pensions, etc.)

Please attach copies of the above-mentioned documents to this application!

Total Monthly Household Income *

Grant Object

Type of Contribution * <input type="checkbox"/> Membership fee <input type="checkbox"/> other contribution	Name of the Club / Event *	Contact *
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Bank Details

Recipient *	IBAN *
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Data Protection Information:

For the purpose of processing your application, we need to process your personal data to the extent of this form. Your data will be treated confidentially. Disclosure will only be made to the minimum extent necessary for processing your application. Detailed information on data protection can be found at www.schwechat.gv.at/en/privacy

As the legal guardian, I hereby declare that the information provided in the application is correct and I will repay the grant promptly if it is granted based on incorrect information. Any changes (Extent of care, family income, residence, family situation) must be promptly reported to the City of Schwechat.

Date, Place	Signature Applicant: